

Name (print): _____
 Height _____ Weight _____

Date: _____
 Date of Birth : _____

Referring Provider _____

- Is there a chance that you are pregnant? Yes No
 Have you had a barium X-ray in the last 7 days? Yes No
 Have you had a nuclear medicine scan or injection of an X-ray dye in the last week? Yes No

If you answered yes to any of the above, speak to our receptionist right away.

1. Your: Age: _____ Sex: Male Female
 2. Your ethnicity (check one):
 ___Caucasian (White) ___Black ___Asian ___Hispanic ___Other
 3. Have you ever had a bone density test? Yes No
 If YES, when and where? _____
 4. Have you ever had surgery of the spine or hips? Yes No
 If YES, describe what type of surgery you had and which side was affected

 5. Have you noticed a loss of height greater than 1 ½ inches? Yes No
 6. Have you ever broken a bone? Yes No

Bone broken	Simple fall?	If not a simple fall, please describe the circumstances	Age when this occurred

7. Has a PARENT had a broken hip? Yes No
 8. Are you currently receiving or have you previously received prednisone pills (cortisone)?
 Yes, currently _____ Yes, previously _____ No _____
 If YES, for how long? _____ What is your dose? _____mg or _____ pills each day

9. Are you currently receiving or have you previously received any of the following medications?

	No	Yes	For how long?
Medication for seizures or epilepsy			
Chemotherapy for cancer			
Medication for prostate cancer			
Medication to prevent organ transplant rejection			

10. Do you have any of the following medical conditions? (please circle)

- | | | | |
|-------------------|--------------------|---------------------|----------------------|
| Crohn's Disease | Ulcerative Colitis | Gastric Bypass | Kidney Disease |
| Thyroid Disease | Celiac Disease | Parathyroid Disease | Rheumatoid Arthritis |
| Juvenile Diabetes | Liver Disease | | |

11. Have you been treated with any of the following medications?

Medication	Ever?	Currently?	If current, how long?
Hormone replacement therapy (Estrogen)			
Tamoxifen			
Raloxifene (Evista)			
Testosterone			
Alendronate (Fosamax)			
Risedronate (Actonel)			
Ibandronate (Boniva)			
Calcitonin (Miacalcin nasal spray)			
PTH (Forteo)			
Zoledronic acid (Zometa or Reclast)			

12. Do you smoke? Yes No

13. Do you have more than 3 alcoholic drinks per day? Yes No

For women only...

14. Are you still having menstrual periods? Yes No

15. Have you had your menopause (when periods stop)? Yes No
If yes, at what age? _____

16. Have you had both of your ovaries removed? Yes No

Notice to Our Patients Who Have Insurance

You are scheduled today for a bone density test, also referred to as a 'DEXA' scan. The test routinely includes a measurement of the bone density in your hip and spine, and in some cases the forearm.

In addition, we recommend that *some* patients have an additional imaging study called a 'VFA', or vertebral fracture analysis. Southeast Medical Clinic performs this additional view for patients who have a known diagnosis of osteoporosis, and patients who report a perceived loss of height. We feel it is an important part of testing your bone density, as patients who have known osteoporosis or perceive a loss of height can have compression fractures in their spine which make some of the bone density measurements unreliable. In addition, the presence of vertebral fractures could alter the treatment recommendations we make regarding your bone density.

We feel this additional part of the test is medically necessary in selected patients. *However, the VFA carries an additional fee of \$175.00, and some insurance companies have not been paying for it under any circumstances,* despite the fact that Medicare and many private insurers do. In particular, Blue Cross Blue Shield and Aetna insurance companies will not pay for it. We have filed multiple appeals with them and have been unable to influence their policy.

While it is ultimately your responsibility to be aware of what your insurance company and your individual policy covers, we would like to make you aware before the test that a portion of the test may not be covered by your insurance.

If you would prefer not to have the 'VFA', even if we think it is medically indicated, please notify the technician performing the test PRIOR to your exam. If you have any questions regarding this, please ask to speak to our Billing Manager.

We are glad you care about the health of your bones!

I have read the above information and will inform the technician if I prefer not to have the VFA.

Patient Signature

Date