

Osteoporosis Questionnaire

Name _____ DOB _____ Date _____

Sex _____ Race _____ Family Background / Ethnicity (ie: German) _____

Peak Adult Height _____ **Office use only:** Current Height _____ Weight _____

Osteoporosis History:

Have you ever had a bone density test before? Yes _____ No _____

If yes, when and where did you have it? _____

Did your previous bone density scan diagnose you with osteopenia or osteoporosis? Yes _____ No _____

Are you currently taking any osteoporosis medications? Yes _____ No _____ If yes, list name. _____

Have you discontinued any osteoporosis medications? Yes _____ No _____ If yes, list name of medication and why you discontinued it. _____

Do you have a family history of osteoporosis? Yes _____ No _____ Relationship: _____

Has either of your parents ever fractured a hip? Yes _____ No _____ If yes, how did it occur? _____

Bone Fracture History: Have you ever fractured or broken a bone after the age of 40 yrs? Yes _____ No _____

Bone Broken	How did it Happen?

Menstrual History:

Are you postmenopausal (stopped having periods for more than 1 year)? Yes _____ No _____ If yes, what age? _____

Are you currently having symptoms of menopause? Yes _____ No _____ If yes, what was the age of onset? _____

Have you had a hysterectomy? Yes _____ No _____ If yes, what age? _____

Have you had **both** ovaries removed? Yes _____ No _____ If yes, what age? _____

Medication History: Are you or have you ever taken any of the following medications?

Medication	Yes	No	How Many Years?	If in past, when stopped?
Antiseizure drugs (Dilantin, Phenobarbital)				
Medication to prevent return of cancer				
Hormone replacement therapy				
Hormone suppressing agents (Lupron, Depo Provera)				
Steroids (prednisone, orisone, deltasone)				

Technician comments:

WELCOME TO GREAT LAKES CENTER OF RHEUMATOLOGY WEST

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the Great Lakes Center of Rheumatology West to release any medical or incidental information that may be necessary for either medical care or in processing applicants for financial benefits.

ASSIGNMENT OF INSURANCE BENEFITS

- I hereby direct payment of surgical/medical benefits to the Great Lakes Center of Rheumatology West for services rendered by him/her in person or under his/her supervision
- I understand that I am financially responsible for any balance not covered by my insurance.
- I certify that the information given by me on the age below is current and correct.
- I request that payment of authorized benefits made be made on my behalf
- I have reviewed and agree with the Great Lakes Center of Rheumatology West privacy practices.

BONE DENSITY FOLLOW UP VISIT

Bone density follow up counseling appointments are billed as a separate office call. The fee for these appointments is not included in the bone density scan charge.

RECORDS RELEASE

There is a records fee for copying and mailing reports to patients. You may get a copy for free at your Bone density follow up appointment. Your primary care physician or ordering doctor will be sent a copy of the report.

Patient Name (print) _____ DOB _____

Patient signature _____ Date _____

Parent/Guardian _____ Date _____