

**North Fork Radiology, P.C.**

**Bone Densitometry Questionnaire**

Name\_\_\_\_\_Date of Birth\_\_\_\_\_Age\_\_\_\_\_

Present Weight\_\_\_\_\_Present Height\_\_\_\_\_What was your tallest height?\_\_\_\_\_

What was the approximate date of your last menstrual period?\_\_\_\_\_

Approximately when did you begin menopause?\_\_\_\_\_

1. Do you currently have Osteoporosis? \_\_\_\_NO YES\_\_\_\_
2. Do you currently have Osteopenia? \_\_\_\_NO YES\_\_\_\_
3. Do you have an over-active parathyroid gland? \_\_\_\_NO YES\_\_\_\_
4. Have you been diagnosed with low levels of estrogen? \_\_\_\_NO YES\_\_\_\_
5. Are you taking any steroid medications? \_\_\_\_NO YES\_\_\_\_  
Please list\_\_\_\_\_
6. Are you expecting to receive long-term steroid therapy? \_\_\_\_NO YES\_\_\_\_
7. Have you been diagnosed with vertebral abnormalities as demonstrated by an x-ray to be indicative of osteoporosis? \_\_\_\_NO YES\_\_\_\_
8. Are you being monitored to assess the response to an FDA approved osteoporosis drug therapy? \_\_\_\_NO YES\_\_\_\_

**MEDICARE PATIENTS**

Please be advised that if you answered **NO** to all of the above questions that MEDICARE may not pay for your bone densitometry examination. In addition please be further advised that Medicare will only pay for a bone density examination every 24 months unless a physician supplies supporting documentation substantiating medical necessity. Further note that even with supporting medical necessity there is no guarantee that Medicare will pay for the procedure.

**Other Insurance**

Please be advised that many other insurance carriers follow Medicare guidelines. As such, it is your responsibility to know what those guidelines are.

**ALL PATIENTS**

If you elect to have this examination today, please be advised that you will be fully responsible for the charges if your insurance carrier doesn't pay for the study.

Signature\_\_\_\_\_Date\_\_\_\_\_