

Osteoporosis Questionnaire



Name _____ Date _____

DOB _____ 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:

Medication List

Name: _____ DOB: _____ Date: _____

Please list below your current prescription medications.

Name of medication and dosage	How often	Start date	Reason
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. _____			
16. _____			
17. _____			
18. _____			
19. _____			
20. _____			

WELCOME TO THE BEALS INSTITUTE

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the Beals Institute 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 Beals Institute 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 pages below is current and correct.
- I request that payment of authorized benefits be made on my behalf.
- I have reviewed and agree with the Beals Institute 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 or ordering doctor will be sent a copy of the report.

Patient (please print) _____

Patient (signature) _____ Date _____

Parent/Guardian _____ Date _____