

# PATIENT INFORMATION & CONSENT FORM

## Bone Mineral Densitometry

Welcome to Sound Radiology. Your doctor has referred you for a Bone Densitometry scan. Dual-energy x-ray absorptiometry (DEXA) is the established standard for measuring bone mineral density (BMD).

Medicare outlines specific criteria for you to qualify for a rebate. Please read through this information thoroughly and answer the questions so our staff are able to help you appropriately. An out of pocket cost may need to be charged should the necessary criteria not be met.

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

Patient Name (print) \_\_\_\_\_ Gender  M  F Date of birth \_\_\_/\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_

Have you had this examination before?  YES  NO If so, when? \_\_\_\_\_ and where \_\_\_\_\_

Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg

### FEMALE PATIENTS ONLY

Have you been through menopause?.....  YES  NO..... If so, what age did it occur? \_\_\_\_\_

Do you suffer from amenorrhoea (never started periods, or periods ended at a young age)?.....  YES  NO

Do you now take hormones (premarin, oestrogens, etc)? .....  YES  NO

If so, how long have you taken hormones? \_\_\_\_\_ years

If you have ever taken hormones (NOT including birth control pills), please state when and for how long.

Have you had any of the following?

Hysterectomy

Breast Cancer

Blood clots

Ovaries removed

Cancer of the Uterus

If so, were you on hormones at the time?.....  YES  NO

### ALL PATIENTS

Have you ever taken, or are you now taking any of the following medications?

Steroid (prednisone, cortisone, etc.)

Anticonvulsants (for seizures, epilepsy)

Protos

Thyroid medication

Fosamax

Didrocal

Actonel

Evista

Boniva

Forteo

Dironel

Other \_\_\_\_\_

If yes, when did you take it and for how long? \_\_\_\_\_

**Have you ever had surgery on your spine or hip?**.....  YES  NO

If yes, please explain \_\_\_\_\_

**Have you ever fractured your spine or hip?**.....  YES  NO

If yes, where was the fracture? \_\_\_\_\_ When did it happen? \_\_\_\_\_

**Have you fractured any bones during your adult life?**.....  YES  NO

If yes, what bone did you fracture? \_\_\_\_\_ When did it happen? \_\_\_\_\_

**Do you have a family history of osteoporosis?**.....  YES  NO

If yes, who in your family has osteoporosis? \_\_\_\_\_

**Do you take a calcium supplement daily?**.....  YES  NO

If yes, how much?.....  0-500mg/day  501-1000mg/day  more than 1000mg/day

**Have you had any of the following conditions?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Rheumatoid arthritis                  | <input type="checkbox"/> Other type of arthritis                                       | <input type="checkbox"/> Part of stomach removed |
| <input type="checkbox"/> Intestinal or bowel disease           | <input type="checkbox"/> Organ transplant recipient                                    | <input type="checkbox"/> Hyperparathyroidism     |
| <input type="checkbox"/> Hyperthyroidism (over-active thyroid) | <input type="checkbox"/> Hypothyroidism (under-active thyroid)                         | <input type="checkbox"/> Kidney disease          |
| <input type="checkbox"/> Heart disease                         | <input type="checkbox"/> Partial or complete paralysis or immobilisation due to injury |  |

**MEN ONLY:**  Hypogonadism / Low testosterone level

**Have you had any nuclear medicine procedure within the last 7 days?**.....  YES  NO

**Have you had any contrast-media x-ray in the last 2 weeks? (ie. Barium enema or upper GI examination)**.....  YES  NO

**Do you have any general comments about your health?** \_\_\_\_\_

**PLEASE LIST ALL CURRENT PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS:**

\_\_\_\_\_  
\_\_\_\_\_

**I have read the information & what the procedure entails, I consent for this procedure to be performed**

**Name (print)** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_

**Staff signature** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_

Please feel free to speak with the staff or Radiologist regarding any questions or information you require before proceeding with the examination.