

**Bone Mineral Densitometry (BMD) Questionnaire**

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** / / **Date:** / /

The government has strict conditions in place for a rebatable BMD assessment. This information is used to assess your eligibility for a Medicare Rebate. If you do not fit the criteria, you may not be eligible for a rebate. Medscan Merrylands is not responsible for any errors in assessing your eligibility due to incorrect information provided by you. If you have any questions about this form or the test, please speak to the technologist who performs your scan.

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| --- | --- | --- | --- |
| **QUESTIONS:** | **Yes** | **No** | **Item Number** |
| 1. Are you **over** the age of 70 years old? |  |  | **12320**  **/**  **12322** |
| 1. Are you **under** the age of 70 years old?   **If YES please complete questions 4-8** |  |  |
| 1. Is this your first BMD study?   **If YES, no need to complete following questions**  **If NO, please complete questions 4-8** |  |  |
| 1. **HAVE YOU HAD:** | | |  |
| 1. When was your last BMD study? **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **12306** |
| 1. A broken bone following a minor injury? |  |  |
| 1. Osteoporosis proven by a previous BMD (CT or DEXA)? |  |  |
| 1. **HAVE YOU HAD:** | | |  |
| 1. Prolonged steroid therapy e.g. Prednisone or Cortisone injections for more than 4 months? If yes, for what reason? |  |  | **12312** |
| 1. Cushing’s syndrome? |  |  |
| 1. Male hormonal problems |  |  |
| 1. **Before the age of 45 have you had:** | | |
| 1. No periods for more than 6 months |  |  |
| 1. Hysterectomy with removal of both ovaries |  |  |
| 1. **HAVE YOU HAD:** | | |  |
| 1. Primary hyperparathyroidism – (Overactive Parathyroid) |  |  | **12315** |
| 1. Chronic liver disease |  |  |
| 1. Chronic renal disease |  |  |
| 1. Proven malabsorptive disorders e.g. Crohn’s or Coeliac disease |  |  |
| 1. Rheumatoid arthritis (not Osteoarthritis) |  |  |
| 1. Overactive thyroid |  |  |
| 1. **HAVE YOU HAD:** | | | |
| 1. Previous diagnosis of osteoporosis been made by a BMD more than 12 months ago and have you had a change in your medication since then?   If yes, what was the change in your medication? |  |  | **12321** |

I am have been given information about the BMD and understand the risks and benefits of having this examination. I have been provided with the opportunity to have any questions answered and I therefore give consent to a Bone Mineral Density Scan.

Patients Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

Radiographer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Use Only: Patient verbally consented Y / N Initials: \_\_\_\_\_\_\_\_\_\_