DIABETES AND THYROID
CENTER OF FORT WORTH

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Dear Patient:

A bone density test uses X-rays to measure how many grams of calcium and other bone minerals are packed into a segment of bone. A bone density test is a fairly accurate predictor of your risk of fracture.

To get the best results possible, please follow these instructions:

Unless instructed otherwise, eat normally on the day of the exam, but avoid taking calcium supplements for at least 24 hours prior to your appointment.

Wear loose, comfortable clothing. Sweat suits and other casual attire without zippers, buttons, or any metal are preferred.

You should not have had a barium study, radioisotope injection, oral or intravenous contrast material from a CT scan or MRI within seven days prior to your DEXA test.

Please answer the questionnaire to the best of your ability and return this on the day of the test.

Please arrive 15 minutes before your scheduled examination.

Please fill out the form to the best of your ability. This will help us assess your overall fracture risk.

Patient Name: _____ Date of Birth: _____
Age: _____ Gender: M / F Physician: Bajaj / Lackan / Tan
Weight: _____ lbs Height: _____ ft _____ in
Ethnic Background:
Caucasian / African American / Asian / Hispanic /
Other, please specify: _____

Patient Name: _____

1. Have you had any previous:	YES	NO
Hip fractures? If so, which hip? R / L	❑	❑
Spine/vertebral fractures?	❑	❑
Wrist fractures? If so, which arm? R / L	❑	❑
2. Are you currently taking or have taken osteoporosis medication? (see below)	❑	❑

Drug	Currently taking	How long have you been on it?	Previously taken	How long did you take it?
Fosamax(alendronate)	❑		❑	
Actonel(risedronate)	❑		❑	
Boniva(risedronate)	❑		❑	
Reclast(zoledronate)	❑		❑	
Miacalcin(miacalcin)	❑		❑	
Evista (raloxifene)	❑		❑	
Forteo (teriparatide)	❑		❑	
Prolia (denosumab)	❑		❑	

3. Are you pre menopausal?	❑	❑
4. Did your mother or father ever have a hip or spine fracture?	❑	❑
5. Do you currently smoke?	❑	❑
6. Do you currently take oral steroids, or have you ever been on oral steroids longer than 3 months? If so, name and dose of steroid: _____ How long have you taken them? _____	❑	❑
7. Do you have a confirmed diagnosis of rheumatoid arthritis?	❑	❑
8. Do you have one of the following disorders that are associated with secondary osteoporosis? If so, please circle: Type 1 Diabetes Untreated Hyperthyroidism Hypogonadism (low testosterone) Premature menopause (age <45) Hyperparathyroidism Cholestatic liver disease Asthma or Emphysema Seizure Disorder End Stage Kidney Disease Anorexia GI disease (malabsorption)	❑	❑
9. Do you drink 3 or more alcoholic drinks per day? 1 drink = 1.5 oz liquor, 10 oz. beer, 4 oz. wine	❑	❑

Waiver of Liability

Diabetes and Thyroid Center of Fort Worth (DTC) will make every attempt to have the DEXA scan reimbursed by your insurance company. In the event that the DEXA scan is considered ‘not payable’ by the insurance company, we will have to bill the patient for the DEXA scan. By signing this form, the patient or responsible party agrees to pay DTC for the DEXA scan in the event that the insurance company refuses payment.

Patient / Responsible Party Signature_____

Date _____