

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 _____

1333 Roanoke Avenue • Riverhead, New York 11901