

Obstetrics & Gynecology of Atlanta

I would like to have a bone densitometry test performed. I am aware that it is my responsibility to determine if this procedure is covered by my insurance plan, and if they allow OB/GYN of Atlanta to perform the bone densitometry studies in their office. I understand that my insurance may not cover this service and in that event I agree to pay the full fee at the time this service is performed.

Signature

Patient History

Please answer the following questions. If you are not sure how to answer a question, leave the space blank and we will assist you with the answer when you are seen at our facility. All answers will be kept in strict confidence and treated as medical record information.

1. Name _____
2. Date of Birth _____ Age _____
3. Race African American _ Asian _ Caucasian _ Hispanic _ Other _
4. Referring Physician (if any) _____
5. Have you fractured any bones during your adult life or ever had a spinal fracture? **Circle One**
Yes No
6. History of hip fracture in mother or father? Yes No
7. Are you a current smoker? Yes No
8. Have you ever been a smoker? Yes No
9. Have you taken any of the following medications or treatments?
 - a. Oral steroids (prednisone, cortisone, etc.) for more than 3 months ever in your life? Yes No
 - b. Thyroid medication Yes No
 - c. Anticonvulsants (for seizures, epilepsy) Yes No
 - d. Loop diuretics (Lasix, Bumex, Edicrin) Yes No
 - e. Heparin or other "blood thinners" Yes No
 - f. Chemotherapy Yes No
 - g. Lithium Yes No
10. History of Rheumatoid Arthritis? Yes No
11. Do you have any condition strongly associated with osteoporosis such as:
 - a. Type I insulin dependent diabetes? Yes No
 - b. Osteogenesis imperfecta? Yes No
 - c. Untreated hyperthyroidism? Yes No
 - d. Menopause before 45 years of age? Yes No
 - e. Known malnutrition or malabsorption conditions? Yes No
 - f. Chronic liver disease? Yes No
12. Do you drink 3 or more alcoholic beverages per day? (beer, wine or liqueur) Yes No
13. What is the tallest you have ever been? _____
14. Are you currently in menopause (no period for 1 year)? Yes No

For office use only

Height _____ Weight _____ MRN _____