

DXA Scan Patient History

PATIENT #: _____

PATIENT NAME: _____

DOB: _____ / AGE: _____

Sex: : F ____ M ____

ETHNICITY:

- CAUCASIAN ASIAN AFRICAN AMERICAN AMERICAN INDIAN HISPANIC

LMP _____ POST-MENOPAUSAL Y N HEIGHT _____ WEIGHT _____

PATIENT HAS OVARIES INTACT Y N AGE AT MENOPAUSE _____

PATIENT'S DOMINANT FOREARM IS: RIGHT LEFT

ARE YOU WEARING AN INSULIN PUMP OR OTHER MEDICATION DISPENSING UNIT? Y N

If Yes: Be advised some devices cannot be exposed to X-rays or radiation. Please remove the device and leave it out of the room where the procedure is being performed.

REASON FOR DXA _____ PATIENT IS: MALE FEMALE

LONG TERM STEROID USE (3 MONTHS OR LONGER) Y N TYPE: INHALED _____ ORAL _____

HOW LONG: _____ DOSAGE: _____ You must dictate how long and include the dosage amount

PATIENT IS PRE-MENOPAUSAL OR MALE UNDER AGE 50 **REPORT Z-SCORE ONLY** Y N

CENTRAL DXA (2 SITES).....	(0014)	77080
PERIPHERAL DXA.....	(0013)	77081
HIP / WRIST / LUMBAR (3 SITES).....	(001314)	77080

DATE OF LAST DXA SCAN: _____

NORMAL	DXN		Prev Hip FX Non Trauma	Y	N
OSTEOPENIA	DXOPE	M89.91	Prev Vert FX Non Trauma	Y	N
OSTEOPOROSIS	DXOPO	M81.0	Osteoporosis Meds	Y	N
OSTEO/NORM	DXOPON	M81.0	Parental Hip FX	Y	N
OSTEOP/NORM	DXOPEN	M89.9	Current Smoker	Y	N
OSTEO/OSTEOP*	DXPOPE	M89.9 / M81.0	Glucocorticoid Use	Y	N
POST MENOPAUSAL OSTEOPOROSIS		M81.0	Rheumatoid Arthritis	Y	N
			Secondary Osteoporosis	Y	N
			Alcohol 3+ Units Daily	Y	N
			Parathyroid Disease	Y	N

SOUTH JERSEY RADIOLOGY ASSOCIATES

FRAX NOT REPORTED BECAUSE:

PREMENOPAUSAL WOMAN	Y	PATIENT TREATED FOR OSTEOPOROSIS (INCL. HRT)	Y
PRIOR NON-TRAUMATIC HIP OR SPINE FRACTURE	Y	MALE PATIENT UNDER AGE 50	Y
T-SCORES IN OSTEOPOROTIC OR NORMAL RANGE	Y		

	<u>T-SCORE</u>	<u>RESULT</u>
NOTES: _____	-1 or above	Normal
_____	-1 to -2.5	Osteopenia
_____	-2.5 or below	Osteoporosis

I have reviewed the above medical history and agree it is correct and complete.

Patient Signature _____

Parent or Guardian Signature _____

Date _____

Tech Name _____ **Extension** _____