

## Personal details

Gender: M / F / Other      Title: Mr      Mrs      Ms      Miss      Dr      Other:      DOB: \_\_\_\_\_

First name: \_\_\_\_\_      Middle Initial: \_\_\_\_\_      Last name: \_\_\_\_\_

Email address: \_\_\_\_\_      No email:

## Medical details

For the following questions, please tick (✓) the box if the answer applies to you.

1. Are you a NEW patient to Osteoscan?
  - Yes → Please go to Question 2
  - No → Please go to Question 3
  
2. If **YES**, have you had a bone density scan performed within the last 5 years? **\*PLEASE REFER TO NOTE BELOW**
  - No/ No, I've never had a bone density scan.
  - Yes. Location : \_\_\_\_\_  
Date : \_\_\_\_\_
  
3. Since turning 50, which of the following bones have you broken (or fractured) as a result of a simple trip or fall? (Do not include broken bones resulting from heavy trauma or vehicle accidents)
  - Not yet 50 years old
  - None
  - Rib(s)
  - Wrist or arm
  - Leg
  - Hip(s)
  - Ankle (s)
  - Spine/vertebra; if so how many? \_\_\_\_
  - Other, please specify: \_\_\_\_\_
  
4. Have you had a hip replacement?
  - Yes       No       Left Hip       Right Hip
  
5. How many falls have you had in the past 12 months?
  - No falls       1 Fall       2 Falls
  - 3 or more falls; please specify how many: \_\_\_\_
  
6. Can you get up from a chair with your arms folded?
  - Yes       No
  
7. Do you take sleeping tablets, at all (even rarely)?
  - Yes       No
  
8. Do you smoke cigarettes?
  - Yes       No
  
9. On average, how many alcoholic beverages would you consume? (Please select one)
  - Per day; please specify how many: \_\_\_\_
  - Per week, please specify how many: \_\_\_\_
  - Occasionally       I do not drink alcohol
  
10. Did you experience menopause before the age of 45? (Only applies to females. Includes hysterectomies)
  - Yes       No       I am not yet 45
  
11. Do you take any of the following supplements?
  - Calcium       Vitamin D       Neither
  
12. Please indicate if you have any of the following conditions:
  - None
  - Overactive thyroid
  - Coeliac disease (diagnosed Coeliac only)
  - Crohn's disease
  - Rheumatoid Arthritis (not Osteoarthritis)
  - Overactive parathyroid (different from thyroid)
  - Kidney disease ("renal disease")
  - Liver disease
  - Eating disorder (anorexia or unusual diets)
  - High prolactin levels/pituitary disorder
  - Male hormone (androgen) deficiency
  
13. Which of the medications do you take? (Please refer to the laminated medication card which is attached to the clip-board)
  - None

**\*Please Note:** If it has been less than 2 years since your previous scan under Medicare then you will not be eligible for a Medicare rebate and **full payment of the account** will apply. Prior to 1st November 2017 all 70 year olds were entitled to a Medicare rebate. The government has amended this arrangement and entitlement to the Medicare rebate for over 70 year olds will not be guaranteed. All patients 70 years and over are eligible for an Initial Scan **but a gap payment will apply if you are not a concession card holder.** Patients who are recalled for a repeat scan will need to check whether they are entitled to a Medicare rebate.