

DEXA QUESTIONNAIRE

Patient Name & Address

Referring Doctor

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Date of Birth	Age
Height (approx)	Sex M / F
Weight (approx)	Phone Number

Please CIRCLE all the appropriate answers

1. Are you a private or public patient? (please circle) Private Public

2. Do you have health insurance? Yes No

3. If Yes please indicate which company

VHI Laya Irish Life Garda ESB Other

4. What is your insurance policy number? (please add here)

5. What is your Plan type? (please add here)

Risk Profile

Is there a possibility you may be pregnant? Yes No	Have you or do you receive treatment for seizures? Yes No
Have you reached menopause? (female) Yes No	Have you ever had kidney disease? Yes No
Have you a history of Thyroid disease? Yes No	Have you ever broken/fractured a bone? Yes No
Have you ever or do you take steroids? Yes No	Have you a family history of Osteoporosis? Yes No

Have you had a DEXA scan in the past **Yes** **No** *If Yes - Regional St Camillus Elsewhere*

Please list current **medicines** (inc any infusions or injections) with dosages if possible

1 	2
3 	4
5 	6