bodyDEXAfit.com.au
Excellence in body composition & bone density analysis

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Bone Mineral Densitometry

The Australian Government provides Medicare rebates for certain diagnostic imaging services and not all patients are eligible for Medicare rebate for Bone Densitometry (DEXA).

To be eligible for Bone Densitometry Medicare rebate (Items 12306 to 12322), patients must meet one of the following criteria and the reason needs to be indicated on the request form.

Item Number	Description
12306 Must be at least 24 months since any previous BMD	If performed for: • 1 or more fractures occurring after minimal trauma (this can only be used once for each fracture); or • Monitoring of osteoporosis proven by previous BMD • Can at least 2 years prior with Z score of -1.50 or lower, or a T score of -2.50 or lower
12312 Must be at least 12 months since any previous BMD	If performed for: • Prolonged & current glucocorticoid therapy (as per dose limits outlined in the MBS); • Conditions associated with excess glucocorticoid secretion; • Male hypogonadism; • Female hypogonadism lasting more than 6 months before the age of 45
12315 Must be at least 24 months since any previous BMD	If performed for: • Primary hyperparathyroidism; • Chronic liver disease; • Chronic renal disease (excl. kidney stones); • Proven malabsorptive disorders (e.g. Coeliac or Crohn's disease) • Rheumatoid arthritis; or • Conditions associated with thyroxine excess
12320 Must be either: The first time the patient is having a BMD OR at least five years since any previous BMD	If performed for: • A person aged 70 years or over and not had a scan before • A person aged 70 years or over and found to have no to mild osteopenia (T-score 0 to -1.5) on previous scan
12321 Must be at least 12 months since any previous BMD	If performed 12 months following a significant change in therapy
12322 Must be at least 24 months since any previous BMD	If performed for: • A person aged 70 years or over found to have moderate to marked osteopenia (T-score -1.5 to -2.5) on previous scan

Please note that this information is accurate as of October 2019

Patient Questionnaire

Name (print):____Date of Birth: ___/____/____

Is there a chance that you are pregnant? Yes No
Have you had a barium X-ray in the last 1 week? Yes No
Have you had a nuclear medicine scan or injection of an X-ray dye in the last week? Yes No

If you answered yes to any of the above, speak to our receptionist right away.

Please bring along with you the referral slip, any previous DEXA scans and reports and spinal xrays.

The risk factors listed below have been identified as contributors to the onset of osteoporosis. Please complete the following questions to the best of your ability. All answers will be kept in strict confidence and treated as information in your medical record.

1. Your: Age: ____ Sex: Male Female

2. Have you ever had a bone density test? Yes No
   If YES, when and where

   ____

3. Have you ever broken a bone? Yes No

Bone broken	**Simple fall?**	**If not a simple fall, please describe the circumstances**	**Age when this occurred**

4. Has a parent or sibling had a broken hip from a simple fall or bump? Yes No

5. Has a parent or sibling had any other type of broken bone from a simple fall or bump? Yes No

6. Have you ever had surgery of the spine, hips, legs or arms? Yes No
   If YES, describe what type of surgery you had and which side was affected
   ____
   ____

7. Do you smoke? Yes No

8. Are you currently receiving or have you previously received prednisone pills (cortisone)?
   Yes, currently ____ Yes, previously _____ No ____
   If YES, for how long? ________ What is your dose? _____mg or ______ pills each day

9. Do you drink 3 or more alcoholic drinks per day? Yes No

10. Do you have any if the following medical conditions?

	No	Yes	For how long?
Adrenal Gland Imbalance			
Anorexia or Bulimia			
Any seizure disorders			
Asthma or Emphysema			
Cancer			
Chronic Liver disease			
Chronic Renal disease			
Coeliac disease			
Crohn’s disease			
Cushings Disease			
Cystic Fibrosis			
Hyperparathyroidism			
Inflammatory bowel disease			
Lactose intolerance			
Rheumatoid Arthritis			
Systemic Lupus Erythematosus			
Thyroid issues			
Ulcerative colitis			
Vitamin D deficiency			
Other			

11. Are you currently receiving or have you previously received any of the following medications?

	No	Yes	For how long?
Medication for seizures or epilepsy			
Chemotherapy for cancer			
Medication for prostate cancer			
Medication to prevent organ transplant rejection			

12. Have you been treated with any of the following medications?

Medication	**Ever?**	**Currently?**	**If current, how long?**
Bisphosphonates			
Alendronate (Fosamax)			
Risedronate (Actonel)			
Zoledronic acid (Zometa or Aclasta)			
Denosumab (Prolia)			
Strontium ranelate (Protos)			
SERMS			
Raloxifene (Evista)			
Hormone replacement therapy (Oestrogen)			
Parathyroid hormone			
Teriparatide (Forteo)			
Clodronate (Bonefos, Ostac)			
Calcitonin (Miacalcin nasal spray)			

13. Do you take any calcium supplements (including TUMS)? Yes No

14. Do you take any vitamin D supplements (including multivitamins and halibut liver oil)? Yes No

For women only…

16. At what age did your period start? _______________

17. Are you premenopausal? Yes No

18. How many full term pregnancies have you had? ______________

19. Have you ever missed your period for more than 6 months in a row (not including pregnancy or menopause Yes No

20. Have you had a hysterectomy? Yes No
    If YES, at what age? ________
    Have you had both of your ovaries removed? Yes No
    If YES, at what age? _________

Signature: ___________________________ *Date* ____/____/_____