

## BONE DENSITY OF TEXAS

929 Graham Drive, Suite B • Tomball, Texas 77375 • Phone (281) 351-5548

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### Patient Registration

Today's Date: \_\_\_\_\_ Referring Doctor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Marital Status:  Single  Married  Other \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Billing / Insurance Information

Insured Name: \_\_\_\_\_ Insured ID# \_\_\_\_\_

Insured DOB: \_\_\_\_\_ Insured SS# \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

Effective Date: \_\_\_\_\_ Insured's Employer: \_\_\_\_\_

Payment is required at time of service. If we are contracted with your insurance company, you will be asked to pay any co-pays, deductibles and percentages not covered by your plan prior to service. WE REQUIRE PROOF OF INSURANCE. You will be asked to provide a copy of your insurance card and driver's license. Thank you.

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Bone Density Scans are NOT recommended during pregnancy; please inform the operator if you could be pregnant. Having a bone density scan done during pregnancy is done at your own risk.

I acknowledge I have been informed that there are risks associated with having a bone density scan during pregnancy, and I agree there is no possibility that I am pregnant at this time.

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Patient / Guardian Signature

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Date

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Patient / Guardian Printed Name with Relation

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Date

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Please indicate if the following apply:

## Section One:

- Personal History of fracture
- History of fracture in a 1<sup>st</sup> degree relative
- family or personal history of
  - Osteoporosis, Who? \_\_\_\_\_
  - Broken hips, Who? \_\_\_\_\_
  - Loss of height, Who? \_\_\_\_\_
  - Curvature of the spine, Who? \_\_\_\_\_
- Asian or Caucasian
- Over 55
- Female
- Dementia (such as Alzheimer's Disease)
- Poor health / Frailty
- Thin and / or small boned
- Current cigarette smoking

## Section Two - Diseases:

- Acromegaly
- Addison's Disease and Adrenal Atrophy
- Amyloidosis
- Ankylosing PONDYLITIS
- Calcium Malabsorption
- Colitis, ulcerative
- Cushing's Disease
- Congenital Porphyria
- Crohn's Disease
- Chronic Obstructive Pulmonary Disorder
- Epidermolysis Bullosa
- Endometriosis
- Gastrectomy (Gastric Surgery)
- Gonadal Insufficient (primary and secondary)
- Hemachromatosis
- Hemophilia
- Hypophosphatasia
- Hyperprolactinemia
- Hypogonadism
- Hyperparathyroidism (primary)
- Idiopathic Scoliosis
- Insulin-Dependent Diabetes Mellitus
- Kyphosis
- Lymphoma and Leukemia

## Section Three - Drugs:

- Aluminum
- Anticonvulsants Lumenal Tegretol (carbamazepine), Dilantin (phenytoin), Mysoline (primidone), Epival (valproate), Frisium (clobazam), Rivotril (clonazepam), Mogadon (nitrazepam), Phenobarbitol, Depakene (valproic acid), Zarontin (ethosuximide), Neurontin (gabapentin), Lamictal (lamotrigine), Sabril (vigabatrin)
- Cigarette Smoking
- Cytotoxic Drugs Cytosan®, Neosar

- Malabsorption Syndromes
- Adrenal Atrophy and Addison's Disease
- Excessive Alcohol
- Excessive Thyroxin (high thyroid levels cong tenam, low TSH)
- Low Body Weight (< 127 lbs)
- Estrogen deficiency:
  - Early Menopause (< age 45)
  - Bilateral Ovariectomy
  - Prolonged absence of menstruation (> 1 year)
- Not on hormone replacement therapy (Menopausal Women)
- Low calcium intake (lifelong)
- Excessive alcohol intake
- Impaired eyesight despite adequate correction
- Recurrent falls, sedatives, CNS diseases
- Inadequate physical activity
- Back pain (upper and lower)
- Gastric surgery / calcium deficiency / vitamin deficiency
- Mastocytosis
- Menorrhagia, premenopausal
- Multiple Myeloma
- Multiple Sclerosis
- Nutritional disorders
  - Anorexia Nervosa
- Osteogenesis
- Osteomalacia (second hyperparathyroidism)
- Parenteral Nutrition
- Pernicious Anemia
- Postablative testicular hypofunction
- Renal Osteodystrophy
- Renal failure or Kidney disease
- Renal Sclerosis
- Rheumatoid Arthritis
- Sarcoidosis
- Scoliosis
- Severe Liver Disease, especially Primary Biliary Cirrhosis
- Thalassemia
- Thyrotoxicosis
- Tumor Secretion of Parathyroid Hormone-Related Peptide
- Cancer, Type? \_\_\_\_\_

- Glucocorticosteroids and Adrenocorticotropin
- Prednisone Deltasome®, Meticortten®, Orasone®, Sterapred
- Gonadotropin O Releasing Hormone Agents
- Herparin Calciparine®, Liquaemin
- Lithium Eskalith®, Lithonate®, Lithobid®, Lithotabs®, Cibalith®
- Tamoxifen (Premenopausal use) Novadex®



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## NOTICE OF PRIVACY PRACTICES

### To Our Patients:

This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize that these laws are complicated, but we must provide you with the following important information.

### Use and disclosure of your health information in certain special circumstances.

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary, to reduce or prevent a serious threat to your health and safety or the health of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

### Your rights regarding you health information

1. Communications. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health care information to only certain individuals involved in your care or the payment of for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree we are not bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your writing in request to our Medical Records Department.

**NOTICE OF PRIVACY PRACTICES CONTINUED**

4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Medical Records Department. You must provide us with a reason that supports your request for amendment.
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, contact our Medical Records Department.
6. Right to file a complaint. If you believe your privacy right have been violated, you may file a complaint with our practice, contact Connie Adams - Office Manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact:

Connie Adams - Office Manager

I hereby acknowledge that I have received a copy of Bone Density of Texas' Notice of Privacy Practices.

\_\_\_\_\_  
Patient / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient / Guardian Printed Name with Relation

\_\_\_\_\_  
Date

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### Authorization to Release Information Assignment of Insurance Benefits

I hereby authorize direct payment of medical / bone density benefits to Bone Density of Texas / Michael A. Rodriguez, M.D. / Marie T. Sohner, M.D. for services rendered by him or her in person or under his or her supervision. I understand that I am financially responsible for any unpaid balance that is not covered by my insurance.

I hereby authorize Bone Density of Texas / Michael A. Rodriguez, M.D. / Marie T. Sohner, M.D, to release any medical information that may be requested by my Insurance Carrier for processing of my medical claims. I certify that the information given by me is correct.

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Patient / Guardian Signature

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Date

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Patient / Guardian Printed Name with Relation

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Date