

Illinois Bone and Joint- PQRI Initiatives Patient Checklist

Patients please check the following statements **ONLY** if they apply to you:

If you are 18 and older:

- I am currently a smoker (1034F)
- I currently use smokeless tobacco products (1035F)
- I am a non smoker (1036F)

If you are 65 and older:

- I have a 2 falls or a fall with an injury in the past 12 months (1100F)
- I have not had 2 falls or any fall with an injury in the past 12 months (1101F)
- I am non ambulatory (1101F-1P)

If you are 65 and older and female:
(Osteoporosis Screening)

- I have had a DXA scan (x-ray testing for osteoporosis) ordered and/or performed or prescription therapy given (G8399)
- I have NOT had a DXA scan (x-ray testing for osteoporosis) ordered and/or performed or prescription therapy given (G8401)
- I am not a candidate for a DXA scan or prescription therapy (G8400)

If you are 50 and older AND have had a fracture of the wrist, hip or spine in the past 12 months:

- I have had prescription therapy for osteoporosis prescribed in the past 12 months (4005F)
- I have had a DXA scan performed in the past 12 months (3095F)
- I have had a DXA scan prescribed in the past 12 months (3096F)
- I have **NOT** had a DXA scan performed or prescribed and have **NOT** had prescription therapy for osteoporosis in the past 12 months