



Patient Name _____ Exam Date _____ Female Male
Age _____ Ethnicity _____ Reason for Exam _____

FOR OFFICE USE ONLY Measured wt _____ lbs Measured ht _____ ft _____ in

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE. If you answer YES to either of these first two questions, do not continue with this questionnaire. Return all forms to the receptionist, and a technologist will speak to you shortly.

- Y N Are you or do you suspect that you are pregnant?
- Y N Have you had any exam using ingested barium or x-ray dye within the past 7 days?

HISTORY

- Y N Have you had a DXA (Bone Density) scan in the past?
When? _____ Where? _____
- Y N Prior surgery to your hip(s) or spine? If yes, please explain. _____
- Y N Do you have Hyperparathyroidism?
- Y N *Female patients only:* Have you gone through menopause? If yes, at what age?

RISK FACTORS FOR OSTEOPOROSIS

- Y N Loss of height. If yes, your height as a young adult: _____
- Y N Family history of osteoporosis/osteopenia
- Y N Has either biological parent had a broken hip?
- Y N Have you fractured a bone/had a stress fracture since age 40 other than hands, feet, skull? Age? _____ Body part? _____
- Y N Do you currently smoke cigarettes?
- Y N Do you have more than 2 drinks of alcohol per day?
- Y N Have you taken daily steroids (e.g. prednisone) for 3 or more months?
- Y N Do you have a condition known to be associated with bone loss (e.g. diabetes, absorption disorder, premature menopause, crohn’s disease)?
- Y N Have you been diagnosed with rheumatoid arthritis? (not osteoarthritis)
- Y N Vitamin D deficiency
- Y N Stomach bypass or banding surgery

CURRENT MEDICATIONS

- Y N Calcium and/or Vitamin D supplements
- Y N HRT (Hormone Replacement Therapy)
- Y N Anticonvulsants (Seizure medications). If yes, name of medication: _____
- Y N Thyroid medications. If yes, name of medication: _____
- Y N DepoProvera
- Y N Are you currently taking prescription medication for osteopenia or osteoporosis. If yes, how long?

Check all medications that apply:

- Fosamax Actonel Miacalcin Boniva Evista Reclast Other

- Y N Have you taken prescription medication in the past for osteopenia or osteoporosis? If yes, how long? List medication: _____

Patient Signature Date Technologist