BONE DENSITY QUESTIONNAIRE

Personal health information will be disclosed only to care providers involved in your personal care unless you have expressly withheld or withdrawn your consent to do so.

TO BE MEASURED IN EXAM ROOM:

YEAR						
Weight						
Height						

Patient History:

1. Have you had a previous bone mineral density exam here? Have you had a previous scan at any other location? If so where? _____	☐ Yes ☐ No ☐ Yes ☐ No
2. Have you had any surgery on your back? Have you had any surgery on your hips? Are there any plates or rods in either hips or back?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
3. Have you had a nuclear medicine exam or x-ray exam with x-ray dye in the last 5 days? Have you ingested any x-ray Barium in the last 5 days?	☐ Yes ☐ No ☐ Yes ☐ No
4. Do you smoke?	☐ Yes ☐ No
5. Do you take calcium or Vitamin D supplements?	☐ Yes ☐ No
6. Are you taking, or have you ever taken medication for Osteoporosis, i.e. Bisphosphonates (Fosamax (Alendronate), Didrocal (Etidronate), Actonel (Risedronate), Prolia (Denosumab), Forteo(PTH) Evista (Raloxifene) If yes for how long? _____	☐ Yes ☐ No
7. Have you ever been on Prednisone or steroid? If yes, for how long? _____	☐ Yes ☐ No
8. Do you take medication for seizures? If yes, which one: _____	☐ Yes ☐ No
9. Do you take medication for your thyroid?	☐ Yes ☐ No
10. Have you broken any bones since you were 40 years of age? If yes, which bone? _____ Cause of break? _____	☐ Yes ☐ No
11. Has anyone in your family had osteoporosis? If yes, specify: ☐ Mother ☐ Sister ☐ Aunt ☐ Other:_____	☐ Yes ☐ No
12. Have you been told by your Doctor that you have: Osteoporosis ☐ When? _____ Cancer ☐ When? _____ Arthritis ☐ When? _____	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
13. Are you taking or have you ever taken the anti-cancer drugs Tamoxifen or Arimidex	☐ Yes ☐ No

Female Patients Only:

14. Are you pregnant?	☐ Yes ☐ No
15. Are you on hormone replacement therapy such as Estrogen or Progestrin? If yes, what is your dosage? _____	☐ Yes ☐ No
16. Are you post-menopausal (finished menses)?	☐ Yes ☐ No

17.. Is there any other information about your bone health we should know? _____

Technologist Only. Scan Parameters and Comments: