

BONE DENSITY PATIENT QUESTIONNAIRE

Ethnicity: Black ___ White: ___ Hispanic: ___ Oriental: ___ American Indian ___
Height ___ft ___inches Weight ___lbs

Females Only Questions #1, 2 and 3

1. Is there any chance that you might be Pregnant? Yes ___ No ___
When was the first day of your last menstrual period? _____
2. If you don't have periods, at what age did you reach menopause? _____

Remaining Questions for all Patients

3. Have you had a Bone Density Test before Yes ___ No ___
If Yes, Where/When _____
4. Have you had an exam in the **last month** with an **injection** of a contrast agent, or when you **drank** barium? (i.e. Barium Enema, CT scans, Stress Test, IVP, or MRI) Yes: ___ No ___
5. Have you had Back/Hip Surgery? Yes ___ No ___
If yes, do you have any pins, screws or any metal in your back/hip? _____
6. Have you fractured any bones? Yes ___ No ___
7. Have you taken any of the following medications?
Hormone replacement therapy Yes ___ No ___
Steroids (prednisone, cortisone, ect.) Yes ___ No ___
Thyroid medication (synthroid, ect) Yes ___ No ___
Anti-Convulsants
Bone Enhancers (Fosamax, Evista, Yes ___ No ___ if yes how long _____
Mia-calcin, Didronel, Actonel, Forteo, ect.)
Calcium Supplements? Yes ___ No ___ if yes how long _____
8. Do you have a family history of Osteoporosis? Yes ___ No ___
9. Do you have a known curvature of the spine? (Scoliosis)? Yes ___ No ___