



BONE DENSITOMETRY PATIENT QUESTIONNAIRE

Patient Name: _____ Date: _____ Date of Birth: _____ Age: _____

- 1. What is your current **WEIGHT**? _____ Pounds What is your current **HEIGHT**? _____ Feet _____ Inches
- 2. Have you lost any **HEIGHT**? **Yes** **No** If yes, how many inches: _____ LMP: _____
- 3. Do you currently take any osteoporotic medication? **Yes** **No**

If yes, what is the name of the medication(s)? _____ How long have you been taking them? _____

- 4. Do you take calcium supplements? **Yes** **No** If yes, how long? _____
- 5. Do you take hormone replacement? **Yes** **No** If yes, how long? _____
- 6. Any family history of osteoporosis? **Yes** **No** If yes, who? _____
- 7. Any previous: Compression spine fractures? **Yes** **No**
 Hip fractures (other than from a fall)? **Yes** **No**
 Wrist fractures? **Yes** **No** Which arm? _____

If yes, what? _____

- 8. Did your mother or father ever have a hip fracture? **Yes** **No**
- 9. Are you currently smoking cigarettes? **Yes** **No**
- 10. Do you take oral steroids or have you taken oral steroids longer than 3 months? **Yes** **No**

If yes, how long have you taken them? _____

- 11. Do you have a confirmed diagnosis of Rheumatoid Arthritis? **Yes** **No**
- 12. Do you have one of the following disorders strongly associated with secondary Osteoporosis?

Type 1 Diabetes, Osteogenesis Imperfecta, untreated Hyperthyroidism, Hyperparathyroidism, Hypogonadism, premature menopause (<45), chronic malnutrition, or malabsorption and chronic liver disease? **Yes** **No**

- 13. Do you drink 3 or more glasses of alcohol a day? **Yes** **No**
- 14. Have you had surgery to your lower back? **Yes** **No**

If yes, what level? _____

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↓ DO NOT WRITE BELOW THIS LINE ↓

Age: _____ **Male** **Female** **PEDS** **Baseline** **Comparison** **MRN #** _____

Fosamax **Actonel** **Miacalcin** **Evista** **Forteo** **Boniva** **Vidura** **Other** _____ **None**

Post Menopausal **Y** **N** **Hyperparathyroidism** **Y** **N** **Hyperthyroidism** **Y** **N**

COMMENTS: _____

C B H A **Scanned by:** _____ **Analyzed by:** _____