BONE DENSITY QUESTIONNAIRE

Name: Birth Date: / / Age:

Patient Phone Number: Physician:

Please check one: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Other_____

What was your age when your period stopped? Age_____

Is there any chance you may be pregnant?

Have you had a hysterectomy? Yes Age _____ No
If yes were both ovaries removed? Yes No

Do you have a family history of osteoporosis? Yes No

Any parents have surgery for a fractured/broken hip after age 50? Yes No

Have you lost height? Yes No How much?_____ Current height_____

Have you had a fracture or broken bones diagnosed after age 40? Yes No
If yes, where was your broken bone, when and how?

Personal history of lumbar spine surgery or hip surgery? Yes No Hip Spine

Have you had a bone density scan before? Yes No
If yes, what facility?_____ When?_____
Type of scan: Hip and spine scan ☐ Other scan (wrist, heel, etc.) ☐

Do you have any prosthetic devices? Yes No
If yes, where?

Do you have any medical problems? Yes No
If yes, what are they?
Do you have Rheumatoid Arthritis? Yes No

Have you had any X-ray tests such as CT, Nuclear Medicine, or any Diagnostic X-ray test within the last month? Yes No
If yes, list exams:

How many caffeine beverages do you drink each day?

Do you regularly:

Take any prescription meds for osteopenia or osteoporosis	Yes	No
Take supplemental calcium	Yes	No
Take Vitamin D	Yes	No
Take a multivitamin	Yes	No
Do you use an inhaled steroid	Yes	No
Take estrogen replacement hormones	Yes	No
Take thyroid medication	Yes	No
Take a medication for heartburn	Yes	No
Have had long-term cortisone treatment (present or past)	Yes	No
Exercise at least 3 times a week	Yes	No
Smoke cigarettes	Yes	No
Are you a former smoker	Yes	No
Currently drink alcohol	Yes	No

Have you had any previous surgeries? Yes No
If yes, what kind of surgery?

How many servings of dairy products a day do you consume?

Did you take any calcium supplement **today?** Did you take any today? YES NO
(including Tums, Rolaids, or a multi vitamin.) Yes No
**If yes, please notify a staff member