



BONE DENSITOMETRY SCREENING

Name: _____ Age: _____

Race: Caucasian: _____ African-American _____ Asian: _____ Hispanic: _____ Other: _____

DOB: _____ Sex: F M Referring Doctor: _____

Height: _____ Weight: _____

Do you take prescription medication to treat or prevent osteoporosis? Yes No

If yes, prescription name: _____

Do you take medication for the treatment of your thyroid Yes No

If yes, prescripion: _____

Previous Fracture? Yes No

Parent With Fractured Hip Yes No

Do you have any metal implants? Yes No

If yes, where? _____

Current Smoker? Yes No

Steroid/Glucocorticoids Use? Yes No

Rheumatoid Arthritis? Yes No

Secondary Osteoporosis?* Yes No

Alcohol > 3 Servings Per Day? Yes No

Have you been through menopause? Yes No If yes, age of onset _____

Have you had a contrast study within the past 7 days? Yes No

Have you fractured any bones, **without trauma**, recently? Yes No

Patient Signature

Date

Secondary Osteoporosis Definition = type 1 (insulin dependant) diabetes, osteogenesis imperfecta in adults, untreated long standing hyperthyroidism, hypogonadism or premature menopause (<45 years), chronic malnutrition, or malabsorption and chronic liver disease.

<http://www.shef.ac.uk/FRAX/tool.aspx>