

BONE DENSITOMETRY SCREENING

Name: _____ Age: _____
 Race(circle): 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	
Have you every had surgery on your hips?	Yes	No	
Have you every had surgery on your spine?	Yes	No	
Current Smoker?	Yes	No	
Steroid/Glucocorticoids Use?	Yes	No	
Rheumatoid Arthritis?	Yes	No	
Secondary Osteoporosis?*	Yes	No	
Alcohol > 2 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 8 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>