



Bone Densitometry Questionnaire

Name: _____ Date: _____

Race (circle one): Caucasian African-American Asian Hispanic Other: _____

Date of Birth: _____ Age: _____ Referring Doctor: _____

Sex: F or M 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, prescription name: _____

Previous Fracture? **Yes** **No**

Parent with Fractured Hip? **Yes** **No**

Have you ever had surgery on your hips? **Yes** **No**

Have you ever had surgery on your spine? **Yes** **No**

Do you have any metal implants? **Yes** **No**

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 8 days? **Yes** **No**

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

Patient Signature

Date

***Secondary Osteoporosis Definition = type 1 (insulin dependent) 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>