



Bone Densitometry Questionnaire

Name:						Date:		
Race (circle one): Caucasian			African American	Asian	Hispar	nic	Other:	
Date of Birth: Age: Referrir					ing Doc	ng Doctor:		
Sex:	F or M		Weight:lbs.	Height:	ft	in		
Do yo	u take prescript	tion medication to	o treat or prevent osteopo	orosis?	YES	NO		
	If ye	s, prescription na	ame:					
Do you take medication for the treatment of your thyroid? YES					NO			
	If ye	s, prescription na	me:					
Previous Fracture?					YES	NO		
Parent with Fractured Hip? Have you ever had surgery on your hips?					YES	NO		
					YES	NO		
	Have you ever had surgery on your spine?				YES	NO		
	Do you have any metal implants? Current Smoker? Steroid/Glucocorticoids Use?				YES	NO		
					YES	NO		
					YES	NO		
	Rheumatoid Arthritis?				YES	NO		
	Secondary Osteoporosis?*				YES	NO		
	Alcohol > 3 Servings Per Day?				YES	NO		
	Have you been through menopause?				YES	NO		
	Have you had a contrast study within the past 8 days?				YES	NO		
Have you fractured any bones, without trauma, recently?				YES	NO			
Patier	nt or Guardian	Signature:					Date:	

Source: http://www.shef.ac.uk/FRAX/tool.aspx

^{*}Secondary Osteoporosis Definition = Osteoporosis diagnosis resulting from one of the following conditions: 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.