Bone Densitometry Questionnaire

Name: _____ Date: _____

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

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

Sex: F or M Weight: _____lbs. Height: ____ft ____in

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**	
Do you drink more than three alcoholic drinks per day on average?	**YES**	**NO**	
Have you been through menopause?	**YES**	**NO**	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 or Guardian Signature: _____ **Date:** _____

*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.

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