



Comprehensive Diagnostic Imaging & Radiology

BONE DENSITOMETRY QUESTIONNAIRE

MEDICAL RECORD NUMBER: _____

PATIENT NAME: _____

ORDERING PHYSICIAN: _____

DATE OF BIRTH: _____ SEX: MALE FEMALE

HEIGHT: _____ WEIGHT: _____ YEAR AT ONSET OF MENOPAUSE: _____

CHECK ALL THAT APPLY:

- ___ Previous Fracture – The presence in adulthood of a prior spontaneous fracture arising from light trauma
- ___ Glucocorticoids – Treatment with oral glucocorticoids (i.e. prednisone) for over 3 months at a daily dose of 5mg or more
- ___ Parent fracture Hip – A history of hip fracture (in the absence of significant trauma) in a parent
- ___ A confirmed diagnosis of Rheumatoid Arthritis ___ A confirmed diagnosis of Insulin Dependent Diabetes
- ___ Osteogenesis Imperfecta in adulthood ___ Long standing untreated Hyperthyroidism
- ___ Hypogonadism ___ Premature Menopause – Age less than 45 years ___ Chronic malnutrition
- ___ Malabsorption ___ Chronic liver disease ___ Current smoker ___ Have you had Spinal Surgery
- ___ Alcohol Use – Consumption of 3 or more units per day of the following: A standard glass of beer, a single measure of spirits, a medium glass of wine, or an aperitif
- ___ Do you have a HIP PROSTHESIS ___ Are you pregnant

ETHNIC BACKGROUND (CIRCLE ONE):

CAUCASIAN HISPANIC AFRICAN AMERICAN ASIAN OTHER _____

DO YOU HAVE A HISTORY OF?

THYROID DISEASE: YES NO BROKEN BONES: YES NO

IF YES WHICH: _____

OSTEOPOROSIS: YES NO SCOLIOSIS: YES NO

ANY ORGANS REMOVED: YES NO

IF YES WHICH: _____

BACK SURGERY: YES NO

LIST ALL PRESCRIPTION MEDICATION TAKEN ON A REGULAR BASIS:

