



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
- \_\_\_ 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

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:

\_\_\_\_\_  
\_\_\_\_\_