

BONE DENSITOMETRY QUESTIONNAIRE

Patient Name: _____ Sex: M F

Age: _____ Weight: _____ Height: _____ Doctor: _____

Race:(mark one) White Black Hispanic Asian

Is there a chance that you are pregnant or think you might be pregnant? Yes No

Have you had a barium X-Ray in the last 2 weeks? Yes No

Have you had a nuclear medicine scan or injection of an X-Ray dye in the last week? Yes No

If you answered "Yes" to any of the above, please speak with the receptionist.

Have you had a previous fracture? Yes No

Have you had a parent with a fractured hip? Yes No

Do you smoke? Yes No

Are you taking any steroid therapy (ex:prednisone or cortisone)? Yes No

Do you have Rheumatoid arthritis? Yes No

Do you drink 3 or more alcohol drinks per day? Yes No

Do you exercise? Yes No

Do you take calcium supplements? Yes No

If yes, how many mg per day? _____mg

Do you take any Osteoporosis medications? Yes No

If yes, what are you taking? _____

Do you take multivitamins? Yes No