

Dryden Family Medicine

Family Practice, and Preventive Care

NCQA Certified Patient Centered Medical Home and in Diabetes Care

Patient Questionnaire for Bone Density Examinations

The following information asks you about lifestyle and medical history that have an effect on your risk of bone fractures. Please complete this to the best of your knowledge.

Name _____

Date ____/____/____

Date Of Birth ____/____/____

Last Height _____

Last Weight _____

Gender: Female _____ Are you Menopausal yes _____, No _____ Age at Menopause _____
Male _____

Have you had a Bone Density (DEXA) test before: Yes _____ No _____ (if Yes, Where _____ When _____)

Alcohol – Do you use more than 3 oz of alcohol a day? (more than 3 12 oz beers, or 3, 6 oz glasses of wine, or 3 shots of liquor)? Yes _____ No _____

Family history: has a parent had a hip fracture as an adult? Yes _____ No _____

Medication: Have you taken steroids like Prednisone, cortisone at a dose more than 5 mg a day for more than 3 months as an adult? (inhaled steroids, and advair etc. do not matter) Yes _____ no _____

Broken bones: Have you broken a hip, wrist, vertebra (back bone) by falling while standing, or walking as an adult? – Yes _____ No _____

Have you been told that you have osteoporosis due to some particular disease - yes _____ no _____ if yes, what disease? _____

Have you been told you have rheumatoid arthritis Yes _____ No _____

Have you used any Tobacco in the last month? Yes _____ No _____

We ask the following questions because they are important to the quality and safety of your bone density scan:

Do you have:

A metal zipper in your pants or shirt? yes _____ No _____

Any coins, keys or any metal in your pockets or any metal rivets or decorations on your shirt or pants?

Yes _____ No _____

(If yes please take them out of your pockets or let the technician know.)

Have you taken any calcium tablets in the past 2 days yes _____ no _____

Have you had any imaging in the past 72 hours (3 days) using barium or contrast agents by mouth or vein

Yes _____ No _____

For Women: Is there any possibility you are pregnant? Yes _____ No _____