



BONE DENSITOMETRY QUESTIONNAIRE

Patient Name: _____ Last 4 numbers of SS#: _____
Referring Physician: _____ Next Appointment Date: _____
Weight: _____ Height: _____ Date of Birth: ____ / ____ / ____ Sex: Male Female
Ethnicity: Asian Black Hispanic White Other: _____

CHECK THE ANSWER FOR THE FOLLOWING QUESTIONS

1. Have you ever had a bone density scan before? Yes No
If yes, where and when? _____
2. Have you had hip surgery? Yes No Left Right
3. Have you had lower back/lumbar surgery? Yes No
4. Do you have metal in your hip or back? Yes No
5. Have you had cement injected into your spine (vertebroplasty)? _____
6. Have you fractured any bones **after the age of forty**? Yes No
What bone(s): _____
Was the break due to major trauma (like a car accident) _____ or a simple fall or bump? _____
7. Have you noticed a decrease in your height? Yes No
Maximum height as young adult: _____
8. Does your family have a history of osteoporosis? Yes No
9. Did either of your parents fracture their hip? Yes No
10. Do you smoke tobacco? Yes No
11. Do you drink 3 or more alcoholic beverages daily? Yes No
12. Have you been treated with steroids (eg. Prednisone or cortisone) at least 5 mg/day for 3 months?
No _____
Yes _____ Dose: _____
How long were you treated? _____
13. Do you have or have you ever had any of the following conditions?
 - Hyperparathyroidism or high level of calcium in your blood?
 - Type I juvenile onset diabetes
 - Cirrhosis of liver
 - Part of stomach removed
 - Bariatric Surgery or gastroplasty for weight loss
 - Intestinal or bowel disease (celiac disease or Crohn's)
 - Rheumatoid Arthritis: medication _____, Rheumatologist _____
 - Cancer: type _____



14. Have you ever taken any of the following medications?

Currently Previously

- Calcium Supplement
- Vitamin D
- Estrogen
- Alendronate (Fosamax and Binosto)
- Ibandronate (Boniva)
- Zoledronic acid (Reclast and Zometa)
- Risedronate (Actonel and Atelvia)
- Raloxifene (Evista)
- Tamoxifen
- Denosumab (Prolia)
- Anastrozole (Arimidex)
- Letozole (Femara)
- Exemestane (Aromasin)
- Leuprolide (Lupron)
- LHRH Agonist (Degarelix)
- Testosterone
- Goserelin (Zoladex)
- Miacalcin (calcitonin)
- Teraparotide, parathyroid hormone, PTH (Forteo)
- Anti-seizure medication (Dilantin)
- Other chemotherapy not listed above
- Proton pump inhibitors for gastric reflux (Nexium, Prevacid)

Length of treatment _____

REMAINING QUESTIONS FOR WOMEN ONLY

1. Have you gone through menopause? Yes No
If **yes**, at what age? _____
2. Has your uterus been removed? Yes No
3. Have both of your ovaries been removed? Yes No
If yes, how old were you? _____
4. Are you taking hormones? Yes No

Patient Signature: _____ Date: _____

Staff Signature: _____ Date: _____