



# BONE DENSITOMETRY HISTORY SHEET

\*Information needed in order to calculate fracture risk

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age:\* \_\_\_\_\_ Sex\* ( ) Female ( ) Male

Height:\* \_\_\_\_\_ Weight:\* \_\_\_\_\_

Ethnicity:\* ( ) Caucasian ( ) Asian ( ) African American ( ) Hispanic

Previous DEXA scan? ( ) Yes ( ) No

If yes, when: \_\_\_\_\_ where: \_\_\_\_\_

History of Biological Parent Hip Fracture\*: ( ) Yes ( ) No ( ) N/A

### Contrast study ( in the last 2 weeks)

- ( ) GI Series / Barium enema
- ( ) CT Abdomen / Pelvis w/ oral contrast
- ( ) IVP
- ( ) Bone scan (Radionuclide exam)
- ( ) Myelogram

### Fracture / Surgery History

- Hip Fracture\* ( ) Hip surgery ( )
- Spinal compression fracture\* Thoracic ( ) Lumbar ( )
- Other fractures as an adult (such as wrist, ribs)\* Yes / No
- Back Surgery, fusion, vertebroplasty Yes / No

### Medical History\* (if yes, qualifies for secondary osteoporosis risk factor):

- ( ) Hyperparathyroidism ( ) Hypogonadal state, panhypopituitarism ( ) Inflamm bowel disease, Celiac disease
- ( ) Liver Disease ( ) Diabetes
- ( ) Lung Disease ( ) Anorexia / Bulimia
- ( ) Chronic renal failure ( ) Lupus, Ankylosing spondylitis
- ( ) Cancer

Have you been diagnosed with Rheumatoid Arthritis:\* Yes / No

Current smoker:\* Yes / No Alcohol intake (3 or more drinks / day):\* Yes / No

### Medications / Drugs:

Prednisone/ Steroids (>5mg/day for > 3 months):\* Yes / No

### Osteoporosis Treatment History:

- |                            |                                 |                     |
|----------------------------|---------------------------------|---------------------|
| ( ) Fosamax (Alendronate)  | ( ) Forteo (PTH, Teriparatide)  | How long? _____     |
| ( ) Evista (Raloxifene)    | ( ) Boniva (Ibandronate)        | Date stopped? _____ |
| ( ) Actonel (Risedronate)  | ( ) Reclast ( Zoledronic acid ) |                     |
| ( ) Miacalcin (Calcitonin) | ( ) Other                       |                     |

### Females Only

Approximate age of menopause:\* \_\_\_\_\_

Have you had a hysterectomy: Yes / No