

# BONE DENSITY QUESTIONNAIRE

Patient's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Day of Birthday: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Ethnicity: \_\_\_\_\_ Left /Right Handed L \_\_\_ R \_\_\_ Both \_\_\_

1. Any surgery to spine, hips or forearms? Y \_\_\_ N \_\_\_ Date: \_\_\_\_\_
2. Any metal hardware in spine, hips forearms? Y \_\_\_ N \_\_\_
3. Any fracture to spine, hips forearms? Y \_\_\_ N \_\_\_ Date: \_\_\_\_\_
  - 3.1. If so, was this from a fall or trauma? \_\_\_\_\_
4. Have you ever been diagnosed with any of the following? (check all that apply)
  - 4.1. \_\_\_ Osteoporosis
  - 4.2. \_\_\_ Osteoarthritis
  - 4.3. \_\_\_ Rheumatoid arthritis
  - 4.4. \_\_\_ Diabetes
  - 4.5. \_\_\_ Hyperthyroidism
  - 4.6. \_\_\_ Hyperparathyroidism
  - 4.7. \_\_\_ Liver disease
  - 4.8. \_\_\_ Malabsorption
5. Do you drink alcohol daily? Y \_\_\_ N \_\_\_
6. Do you currently smoke or use tobacco? Y \_\_\_ N \_\_\_
7. Have you been given any contrast media (iodine/barium) within the past 7 days? Y \_\_\_ N \_\_\_
  - 7.1. If so, What exam was this for? \_\_\_\_\_
8. Are you currently receiving any steroid pills like prednisone, cortisone, etc.? Y \_\_\_ N \_\_\_
  - 8.1. If so, for How long? \_\_\_\_\_

## WOMEN :

1. Is there any possibility that you are pregnant? Y \_\_\_ N \_\_\_
2. You still having menstrual cycles? Y \_\_\_ N \_\_\_ Last one: \_\_\_\_\_
3. Natural menopause? Y \_\_\_ N \_\_\_ What age?: \_\_\_\_\_
4. Hysterectomy? Y \_\_\_ N \_\_\_ What age?: \_\_\_\_\_
5. Ovaries removed? Y \_\_\_ N \_\_\_ What age?: \_\_\_\_\_

DO YOU CURRENTLY TAKE OR HAVE YOU RECENTLY TAKEN ANY OF THE  
FOLLOWING MEDICATIONS? (check that apply)

\_\_\_Alendronate (Fosamax)

\_\_\_Clodronate (Bonefos or Ostac)

\_\_\_Etidronat (Didronate or Didrocal)

\_\_\_Ibandronate (Boniva)

\_\_\_Pamidronate (Aredia)

\_\_\_Raloxifene (Evista)

\_\_\_Residronate (Actonel or Atelvia)

\_\_\_Zoledonate (Zometa or Reclast)

\_\_\_Denosumab (Xgave or Prolia)

\_\_\_Calcitonin (Clacimar or Miacalcin nasal spray)

\_\_\_PTH (Forteo)

\_\_\_Sodium Fluoride (Fluotic)

PLEASE LIST ALL THE MEDICATIONS YOU ARE CURRENTLY TAKING:

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