

## Bone Density Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you taken calcium in the last 24 hours? YES NO  
 This includes: Multivitamins, Calcium pills, Tums/Roloids

Have you had a Barium test, CT or Nuclear Medicine scan in the last 7 days? YES NO

**STOP – if you answered ‘YES’ to any of the above questions, please see the receptionist to reschedule, as your results will not be accurate.**

Ethnicity: African American Asian/Pacific Island Hispanic/Latino Caucasian

Current Weight: \_\_\_\_\_ Current Height: \_\_\_\_\_

Have you had a previous fracture hip or vertebral fracture? YES NO

Are you being treated for Osteoporosis? YES NO

**Female patients only:**

Is there a chance you may be pregnant? YES NO

If you have gone through menopause, what age were you? \_\_\_\_\_ years old N/A

Previous fracture (broken bone) as adult from simple fall (not trauma related) Yes No

Either parent had a hip fracture? YES NO

Do you currently smoke? YES NO

Have you taken Prednisone/Cortisone pills? Currently Previously Never

How long \_\_\_\_\_ Dose \_\_\_\_\_mg (or number pills per day \_\_\_\_\_)

Do you have Rheumatoid Arthritis? YES NO

Do you have Secondary Osteoporosis? YES NO

**If you have any of the following, circle YES to Secondary Osteoporosis above:**

Type 1 Diabetes, adult Osteogenesis Imperfecta, untreated long-standing hyperthyroidism, hypogonadism, menopause before age 45, chronic malnutrition, malabsorption, chronic liver disease

3 or more alcoholic drinks per day? YES NO

**3 of any of the following: 12 oz beer, glass of wine, 1 oz liquor**

**Please see Medications list on back**

Are you currently receiving or have you previously received any of the following medications?

	No	Yes	For how long?
Medication for seizures or epilepsy			
Chemotherapy for cancer			
Medication for prostate cancer			
Medication to prevent organ transplant rejection			

Have you been treated with any of the following medications?

Medication	Ever?	Currently?	If current, how long?
Hormone replacement therapy (Estrogen)			
Tamoxifen			
Raloxifene (Evista)			
Testosterone			
Etidronate (Didronel/Didrocal)			
Alendronate (Fosamax)			
Risedronate (Actonel)			
Intravenous pamidronate (Aredia)			
Clodronate (Bonefos, Ostac)			
Calcitonin (Miacalcin nasal spray)			
PTH (Forteo)			
Zoledronic acid (Zometa)			
Sodium fluoride (Fluotic)			