

Bone Density Questionnaire

Please fill out prior to your DXA and bring to your appointment.
Do not take supplemental calcium on the day of your appointment.

Have you had a previous bone density study? Yes No Date: _____ Place: _____
Have you had a radiology scan with contrast injected within the last five (5) days? Yes No

Current age: _____

Current height: _____ Previous height: _____ Current weight: _____

Ethnic origin (important as a risk factor): White Hispanic Black Asian Other

Menstrual History:

Date of last menstrual period: _____ Age at menopause: _____ Are you pregnant? Yes No

Hormone replacement therapy: Never Past -- Dates: _____

Current Medications:

Hormones: Estrogen: _____ Progesterone _____

For Bones: Fosamax/Alendronate Fosamax D Boniva Actonel Evista Zometa Reclast

Dose: _____

List all medications: _____

Do you have a family history of osteoporosis? Yes No Who? _____

Do you have a family history of femur fracture? Yes No

Past Medical History:

Low Bone Density Yes No Breast cancer Yes No

Bone Disease Yes No Joint replacement Yes No

Removal of ovaries Yes No Bone fracture Yes No Which bone? _____

Other Medical conditions: (Check all that apply)

- Personal history of Osteoporosis
- Hyperthyroid (overactive thyroid)
- Hypothyroid (underactive thyroid)
- Eating disorder (Anorexia/bulimia)
- Celiac Disease
- Chronic steroid use, type and duration: _____
- Cancer, type: _____
- Other: _____
- Kidney disease
- Parathyroid disorder
- Rheumatoid arthritis
- Asthma
- Hypothalamic amenorrhea

Risk Factors:

How much **dietary** calcium do you ingest each day? 1500 mg 1000 mg Unknown

Do you take supplemental calcium? 1000 mg 500 mg None

Do you take supplemental vitamin D? Yes No How much? _____

Does your exercise include 2 ½ hours of cardio each week? Yes No

Do you lift weights twice weekly? Yes No

Do you currently smoke cigarettes? Yes No Packs/day? _____

Did you smoke in the past? Yes No How much? /How long? _____

Do you consume alcohol? Yes No Drinks/Week: 1-5 5-20 More than 20

Did you fall in past year? Yes No

Have you read about preventing falls? Yes No

More information on fall prevention can be found at:

http://www.lowmg.com/info/medinfo/general_health/bone_density_information/preventing_falls.pdf