Bone Density Risk Factor Information

NAME: _______________________________ DATE OF BIRTH: ______________ AGE: ____

GENDER: _____________________________________ HEIGHT: _______ WEIGHT: ______

ETHNICITY: ❑ Caucasian ❑ Black ❑ American Indian ❑ Asian ❑ Hispanic
❑ Other: ____

PRIOR DEXA EXAMS? ❑ Yes ❑ No
If yes, when: _______________ Where? ____

PATIENT RISK FACTORS:

Family history of osteoporosis?	❑ Yes	❑ No
History of hyperparathyroidism or high serum calcium?	❑ Yes	❑ No
Do you currently smoke?	❑ Yes	❑ No
History of prior fragility fracture?	❑ Yes	❑ No
History of oral steroid use?	❑ Yes	❑ No
Alcohol intake greater than or equal to 3 drinks per day?	❑ Yes	❑ No
Do you take vitamin D?	❑ Yes	❑ No
Do you take calcium?	❑ Yes	❑ No
Do you take medication for osteoporosis?	❑ Yes	❑ No

If yes, name of drug: ______________________________________

Chronic diseases? ❑ Gastrointestinal ❑ Endocrine ❑ Renal ❑ Liver ❑ Immobility ❑ Rheumatoid Arthritis

Prior surgeries? ❑ Lumbar spine? ❑ Yes ❑ No
❑ Hip? ❑ Yes ❑ No If yes, ❑ right ❑ left ❑ both

Have you had Barium or a Nuclear Medicine study in the past 10 days? ❑ Yes ❑ No

FEMALE PATIENTS:

Menopause? ❑ Yes ❑ No If yes, at what age: __________

Have you had a hysterectomy? ❑ Yes ❑ No If yes, were the ovaries removed? _______

Do you take Estrogen? ❑ Yes ❑ No If yes, for how many years? __________

COMMENTS: ____

____

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MEDICATIONS: ____

Signature of Patient: ____ Date: ______________

Tech Initials: __________

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