Summit Diagnostic Imaging Center

Bone Densitometry Medical History

Patient Name: ________________________________ Date: ____/____/____ Physician: ____________________

SS#: ______-______-______ Age: _____ Birth Date: _____/_____/____ Height: _____ Weight: ______ Sex: ____

Ethnicity: Asian ❑ Black ❑ Hispanic ❑ White ❑ ❑ Other ____________________________

Are you or could you be pregnant? .... ❑ Yes ❑ No

Have you passed through menopause? .... ❑ Yes ❑ No What age were you? ___________

Have you had a Hysterectomy? .... ❑ Yes ❑ No History of Hormonal Therapy ?........... ❑ Yes ❑ No

Have you taken a sedative within the last 12 hours? .... ❑ Yes ❑ No

Have you consumed barium for a Cat Scan or barium study within the last week? .... ❑ Yes ❑ No

Current Medications: ____

Are you currently taking calcium supplements? .... ❑ Yes ❑ No Name:___________________________

History of taking thyroid medications? .... ❑ Yes ❑ No Name:___________________________

Any nuclear medicine studies within the past week? ..... ❑ Yes ❑ No

Have you ever smoked? .... ❑ Yes ❑ No How long?_______Years Packs per day? _______

Do you still smoke?................... ❑ Yes ❑ No

Do you drink coffee? .... ❑ Yes ❑ No Cups per day? _______ Regular ❑ Decaf ❑

Have you ever been diagnosed with osteoporosis? .... ❑ Yes ❑ No

Has anyone in your family been diagnosed with osteoporosis? .... ❑ Yes ❑ No

Have you broken/fractured any bones? .... ❑ Yes ❑ No Which ones?_____________________

Have you had a hip replacement? .... ❑ Yes ❑ No Spinal Surgery?.......... ❑ Yes ❑ No

Do you exercise regularly? .... ❑ Yes ❑ No # Days per week: __________

Have you ever had a bone density test before? .... ❑ Yes ❑ No Where?_________________________

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FOR OFFICE USE ONLY:

Account # ______________________________

Physicians Comments: ____

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Fracture Risk Assesment Questions:

Applies only to post-menopausal women and men ages 40-90, no history of medications for osteoporosis, no history of hip or spine fracture.

1. Alcohol 3 or more units/day? .... ❑ Yes ❑ No
   (3 units = 24 oz beer or 18 oz wine or 3 shots liquor)

2. Did a parent have a fractured hip?............................ ❑ Yes ❑ No

3. History of current or long term use of glucorticoids? ❑ Yes ❑ No
   Examples: Hydrocortisone, Prednisone, Prednsolone, Dexamethasone, Aldosterone

4. Have you had a fracture as an adult? .... ❑ Yes ❑ No

5. History of long-term steroid use, thyroid hormone therapy, chemotherapy, long-term alcohol or tobacco use? Yes No

6. Do you have Rheumatoid Arthritis? .... ❑ Yes ❑ No

7. Are you a current smoker? .... ❑ Yes ❑ No

FOR TECHNOLOGIST/PHYSICIAN USE ONLY

Patient does not meet criteria for FRAX assessment. (see below)

______ Not between 40-90 years of age

______ Not postmenopausal

______ Has had a hip or spine fracture

______ Has taken medications for osteoporosis (Fosamax, etc.)