

Bone Density Examination Information



Name: _____ Today's Date: _____
Patient ID: _____ Sex: F M
Current Height: (in) _____ Date of Birth: _____
Weight: (lb) _____ Referring Physician: _____
Menopause Age: _____ Ethnicity: _____
Medications: _____
What symptoms are you having that led your doctor to order this exam: _____
ICD10 (translation – each code): _____
Encounter for today's exam: Initial Follow Up Level of Pain (1-10): _____

General History:

1. Have you had a previous hip or vertebral fracture? Yes No
2. Have you had any fractures during your adult life which did not result from significant trauma (e.g., auto accident)? Yes No
3. Did either of your parents ever have a hip fracture? Yes No
4. Do you smoke? Yes No
5. Have you ever taken steroids? Yes No
6. Do you have rheumatoid arthritis? Yes No
7. Do you have secondary osteoporosis? Yes No
8. Do you drink 3 or more alcoholic drinks per day? Yes No
9. Are you being treated for osteoporosis? Yes No
10. Have you ever taken any of the following medications:
 - Actonel (i.e. risedronate) Boniva (i.e. ibandronate)
 - Evista (i.e. raloxifene) Forteo (i.e. parathyroid hormone)
 - Fosamax (i.e. alendronate) HRT (i.e. estrogen/hormone therapy)
 - Miacalcin (i.e. calcitonin) Protelos (i.e. strontium ranelate)
 - Reclast (i.e. zoledronate) Prolia (i.e. denosumab)
 - Vitamin D Calcium
 - Other (Please specify): _____
11. Do you have any of the following medical conditions:
 - Anorexia or Bulimia Any Seizure Disorders Asthma or Emphysema Cancer
 - End Stage Renal Disease Inflammatory Bowel Disease Hyperparathyroidism Hysterectomy
 - Hypertension Diabetic – Any complications? _____
 - Other (Please specify): _____
12. What was your maximum height (inches)? _____
13. Do you perform weight bearing exercise regularly? Yes No
14. Do you regularly consume dairy products? Yes No
15. Do you drink caffeinated beverages? Yes No

For Women Only:

16. At what age did your period start? _____
17. Are you pregnant? Yes No
If yes, what trimester? 1st 2nd 3rd
18. How many full term pregnancies have you had? _____
19. Have you ever missed your period for more than 6 months in a row (not including pregnancy or menopause)? Yes No
20. Are you premenopausal? Yes No

Signature: _____