



dedicated to
your health

DXA SCAN PATIENT HISTORY

Questionnaire – All questions contained in this questionnaire are strictly confidential and will become a part of your medical record.

Name: Last, First, M.I.			M <input type="checkbox"/>	Today's Date:
			F <input type="checkbox"/>	
Race: Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>				
Date of Birth:				
PERSONAL HEALTH HISTORY				
As an <u>adult</u> , have you ever had a broken bone/bones? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, which bone/bones? How long ago?				
Was the broken bone/bones caused by an accident or trauma? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you drink 3 or more alcoholic beverages a day? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you have a parent who has had a fractured hip? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you have Rheumatoid Arthritis? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/> Former Smoker? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you have the following (check if applicable) Diabetes <input type="checkbox"/> Osteogenesis Imperfecta <input type="checkbox"/>				
Untreated long-standing Hyperthyroidism <input type="checkbox"/> Chronic liver disease <input type="checkbox"/>				
Have you ever had surgery to either hip or to your Lumbar Spine? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list.				
Do you <u>currently</u> take any of these medications? Check all that apply.				
Prednisone (prednisone, cortisone)? For how long?				
Actonel (Risedronate Sodium)				
Boniva (Ibandronate Sodium)				
Calcium w/vitamin D				
Evista (Raloxifene)				
Forteo (Teriparatide Injection)				
Fosamax (Aledronate Sodium)				
Miacalcin (Calcitonin)				
Prolia (Denosumab Injection)				
Reclast (Zoledronic Acid Injection)				
Intramuscular/Intraarticular Depo shots?				
ERT (Estrogen Replacement Therapy)				
For Females only:				
At what age did you go through menopause?				

