

NAME: _____ DOB: _____

HEIGHT _____ WEIGHT _____

Have you had prior (Dexa Scan)? ____ Y ____ N If yes, where and when? _____

Are you or could you be pregnant? ____ Y ____ N Date of last menstrual cycle? _____

IMPORTANT: Have you had contrast media x-ray exams in the last 2 weeks? ____ Y ____ N **If YES, we will have to reschedule your exam.**

MEDICATIONS:

Have you ever taken, OR are you taking any of the following:

Prednisone, Cortisone, etc	YES	NO	Evista	YES	NO
Thyroid Medication	YES	NO	Seizure or epilepsy Medications	YES	NO
Actonel	YES	NO	Calcitonin	YES	NO
Fosamax	YES	NO			

If Yes to any of the above, when and for how long? _____

DO YOU HAVE ANY OF THE FOLLOWING HEALTH CONDITIONS?

RHEUMATOID ARTHRITIS	YES	NO	OTHER TYPES OF ARTHRITIS	YES	NO
DIABETES	YES	NO	ORGAN TRANSPLANT RECIPIENT	YES	NO
HYPERPARATHYROIDISM	YES	NO	CROHN'S DISEASE	YES	NO
CUSHING'S DISEASE	YES	NO	GRAVE'S DISEASE	YES	NO
HEART FAILURE	YES	NO	ORGAN TRANSPLANT	YES	NO
HYPERTHYROIDISM (OVERACTIVE THYROID)	YES	NO			
HYPOTHYROIDISM (UNDERACTIVE THYROID)	YES	NO			

DO YOU HAVE A FAMILY HISTORY OF BREAST CANCER? Y N

DO YOU HAVE A FAMILY HISTORY OF OSTEOPOROSIS? Y N

(IF ANSWER IS YES TO ANY OF THE ABOVE- PLEASE SPECIFY WHO IN YOUR FAMILY) _____

DO YOU EXERCISE AT LEAST 3 TIMES A WEEK? Y N

DO YOU TAKE A CALCIUM SUPPLEMENT DAILY? Y N

DO YOU DRINK MORE THAN 2 ALCOHOLIC DRINKS PER DAY? Y N

HAVE YOU EVER FRACTURED YOUR HIP OR SPINE? Y N

HAVE YOU HAD SURGERY ON YOUR HIP OR SPINE? Y N

HAVE YOU FRACTURED ANY BONES DURING YOUR ADULT LIFE? Y N

(IF ANSWER IS YES TO ANY OF THE ABOVE- PLEASE SPECIFY) _____

WOMEN ONLY:

AMENORRHEA?(never started period) Y N

POST MENOPAUSAL? Y N IF YES, WHEN? _____

ARE YOU TAKING HORMONES? Y N IF YES, NAME OF DRUG _____ FOR HOW LONG? _____

Have you had any of the following:

HYSTERECTOMY Y N UTERINE CANCER Y N

OOPHORECTOMY Y N BREAST CANCER Y N

BLOOD CLOTS Y N

If YES, to any of these, were you on hormones at that time? Y N

List all prescription and non-prescription medications not mentioned above that you are taking: _____