

BONE DENSITY PATIENT QUESTIONNAIRE

NAME _____ DATE _____

Height _____

Weight _____

Date of Birth _____

Is there a chance that you could be pregnant? YES NO

Have you had a barium x-ray in the last 2 weeks? YES NO

Have you had a nuclear medicine scan or injection of an X-ray dye in the last week? YES NO

**IF YOU ANSWERED YES TO ANY OF THE ABOVE,
PLEASE SPEAK TO OUR RECEPTIONIST BEFORE
CONTINUING WITH THIS QUESTIONNAIRE.**

Do you have any metal in your spine or hips? YES NO

Have you ever broken or fractured a bone?
If yes, which bone? _____ YES NO

Has a physician ever told you that you have osteopenia or Osteoporosis (significant bone loss?) YES NO

Do you have family history of osteoporosis (mother, Grandmother, aunt, sister)? YES NO

FOR WOMEN ONLY.....

Are you still having menstrual periods? YES NO

Before menopause, have ever missed your periods for 6 months or more, besides during pregnancy? YES NO

Have you gone through menopause?
If yes, at what age? _____ YES NO

Have you had a hysterectomy? YES NO