



Advanced Radiology

BONE DENSITY HISTORY

Patient Name _____

Male _____ Female _____ Height _____ Weight (lbs.) _____

Age _____ DOB _____ MRN _____

Ethnicity Caucasian African American Asian Hispanic

History After age 40, have you ever broken or fractured a bone by a simple fall from standing? No Yes

Bone broken/fractured Please describe the circumstances _____ How old were you? _____

Have either of your parents broken a hip by a simple fall or bump? No Yes

Have you ever had surgery of the spine, hips, legs, or arms? No Yes

If yes, please describe the type of surgery and the side affected

Medications Have you ever taken prednisone pills (cortisone)? No Yes

If yes, for how long? _____ What was the dose? _____

Are you taking any calcium supplements (including TUMS) on a daily basis? No Yes

Are you taking any of the following on a daily basis? Vitamin D Multivitamins Fish Oil

List any medications you currently take, along with dosage for each:

Risk Factors Do you currently smoke? No Yes

How many drinks of wine / beer / liquor do you have on a typical day? 0 1 2 3 4 5

Do you have any of the following conditions?

Anorexia / Bulimia Rheumatoid Arthritis Seizure Disorder Inflammatory Bowel Disease

Hyperparathyroidism Hypogonadism Cancer: What type? _____

Other chronic conditions: _____

Women Only Are you still having regular menstrual periods? No Yes Date of last menstrual period _____

Do you and your doctor believe you are pre-menopausal? No Yes

Have you had a hysterectomy? No Yes How old were you? _____

Were both ovaries removed? No Yes How old were you? _____

Are you pregnant? No Yes N/A _____

Is there a chance you may be pregnant? No Yes Don't know

Are you currently breast feeding? No Yes Date of last breast feeding _____

Patient Signature _____ **Date** _____



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Have you ever taken any of the following medications to treat bone disease?

Medication	Y / N	IV or PO	Current	Start Date	Date Last Taken
Hormone Replacement (Estrogen)					
Tamoxifan					
Raloxifene (Evista)					
Testosterone					
Etidronate (Didronel / Didrocal)					
Alendronate (Fosamax)					
Risedronate (Actonel)					
Intravenous Pamidronate (Aredia)					
Clodronate (Bonefos, Ostac)					
Calcitonin (Miacalcin)					
PTH (Forteo)					
Zoledronic Acid (Zometa, Reclast)					
Prolia (Denosumab)					
Ibandronate (Boniva)					

Technologist Notes: _____

Technologist Signature: _____ **Date** _____ **Time** _____ **am / pm**