For your convenience, please wear comfortable clothing without metal closures, zippers, and studs (undergarments are included).

DEXA Patient History Questionnaire

Name: ______________________________ Date: ___________________________ Patient ID: __________________________

Sex: M ____ F ____ Current Height (in): __________________ Date of Birth: ___________________

Weight (lb): _________________________ Referring Physician: _____________

Menopause Age: ____________________ Ethnicity: ______________________

1. Have you had a previous hip or vertebral fracture? Yes ______ No _____
2. Have you had any fractures during your life which did not result from significant trauma? 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 Glucocorticoids? 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 (risedronate) __Boniva (ibandronate) __Evista (raloxifene)

__Forteo (parathyroid hormone) __Fosamax (alendronate) __HRT (estrogen/hormone therapy)

__Miacalcin (calcitonin) __Protelos (strontium ranelate) __Reclast (zoledronate)

__Prolia (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

12. What was your maximum height (inches)? ______________
13. Do you perform weight bearing exercise regularly? ______________
14. Do you regularly consume dairy products? ______________
15. Do you drink caffeinated beverages? ______________

FOR FEMALE PATIENTS:

16. At what age did your period start? _______________
17. Are you premenopausal? ________________
18. How many full term pregnancies have you had? ________________
19. Have you ever missed your period for more than Six (6) months in a row (not including pregnancy or menopause)? ________________