WEINSTEIN IMAGING ASSOCIATES – Bone Density Questionnaire

Name (print) _____ Date _____

Referring MD _____ 2nd MD to get report _____

1. Your Age: _____ Sex: ☐ Female ☐ Male Birth date: _____ (Month) /_____ (Day) /_____ (Year)

For women only…

A. Have you gone through menopause (change of life)? At what age? _____ Yes No

B. Have you had a hysterectomy? If YES, at what age? _____ Yes No

C. Have you had both of your ovaries removed? If YES, at what age? _____ Yes No

D. If you're still having periods, first day of your last period? _____

2. Your tallest height (as a young adult) _____ Current height _____

3. Has a parent or sibling been diagnosed with osteoporosis or a hip fracture? Yes No
Who? _____

4. Have you ever broken a bone as an adult? Yes No

Bone broken	Right/Left	Describe circumstances	At what age?

5. Have you ever had surgery of the spine, hips, or wrists Yes No
If YES, type of surgery & which side _____

6. Do you currently smoke or have you smoked most of your life? Yes No

7. Do you drink 5 or more cups of caffeinated coffee, tea, or pop per day? Yes No

8. Do you drink 3 or more alcoholic beverages a day? Yes No

9. Have you had high calcium levels in your blood due to a parathyroid problem? Yes No

10. Check any of the following medical conditions you have had:

☐ Insulin-dependent diabetes ☐ Thyroid disorder ☐ Cushing's disease

☐ Crohn's disease ☐ Celiac disease (sprue) ☐ Rheumatoid Arthritis

11. Are you currently taking or have you previously taken prednisone pills (steroids)? Yes No
If YES, circle: Currently Previously For how long? _____

12. Are you currently receiving or have you previously received any of the following medications?

	Yes	No	Medication Name	For how long?
Medication for seizures or epilepsy				
Medication for heartburn or ulcer				
Chemotherapy for cancer				
Medication for prostate cancer				

13. Do you take calcium supplements (incl. Tums)? How much daily? _____ Yes No

14. Do you exercise regularly? Type of exercise _____ Yes No

15. Have you been treated with any of the following medications?

Medication	Ever?	Currently?	If current, how long?
Hormone replacement (estrogen)			
Rx for osteoporosis (please specify): e.g. Fosamax, Actonel, Reclast, Miacalcin, Boniva, Forteo			
tamoxifen (Nolvadex), raloxifene (Evista)			

16. Have you ever had a bone density test? Yes No
If YES, when & where was the last one? _____