

## DEXA Scan Patient Information

Patient Name \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Physician: \_\_\_\_\_

Height \_\_\_\_\_ ft \_\_\_\_\_ in Weight \_\_\_\_\_ lb Ethnic Background \_\_\_\_\_ Gender:  M  F

YES NO

- Do you have a previous history of osteoporosis or osteopenia?
- Have you fractured any bones? If so, which bone & when: \_\_\_\_\_
- Have you had any height loss? If so, how much? \_\_\_\_\_
- Are you taking calcium supplements? If so, how many milligrams per day?
- Have you ever taken Corticosteroids or Prednisone? If so, over what period: \_\_\_\_\_
- Have you taken a calcium supplement in the past 34 hours?
- In the last week, have you had an x-ray or nuclear medicine study that required barium or contrast?
- Have you ever had surgery on the hips or lumbar spine? If so, list: \_\_\_\_\_

Circle any of the following conditions that you have had in the past:

Asthma	Cancer of the Breast	Cancer of the Uterus	Diabetes
Lupus	Rheumatoid Arthritis	Thyroid Problems	Osteo Arthritis
Chronic Renal Failure	Anorexia	Bulimia	Hyperparathyroid

Circle any of the following medications that you are presently taking:

Fosamax

Evista

Actonel

Miacalcin