

# DEXA Patient History

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Appointment Date \_\_\_\_\_ Location \_\_\_\_\_  
YYYY-MM-DD

Please answer the following questions. If you are not sure how to answer a question, leave the space blank and we will assist you.  
All answers will be used by the radiologist and kept in strict confidence.

Race:  Asian  Black  Hispanic  Caucasian  Other: \_\_\_\_\_  
Sex:  Female  Male Ordering Physician: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you fractured any bones as an adult? .....  Yes  No  
If yes, what bones? \_\_\_\_\_ When? \_\_\_\_\_

Does your family have any history of osteoporosis? .....  Yes  No

Have you ever had a bone density test before? .....  Yes  No  
If yes, when? \_\_\_\_\_ What type? \_\_\_\_\_

Are you taking drug therapy for osteoporosis? (examples: Foxamax, Actonel, Miacalcin) .....  Yes  No  
If yes, date started: \_\_\_\_\_ Date stopped, if applicable: \_\_\_\_\_

Do you smoke? .....  Yes  No

Have you smoked in the past? .....  Yes  No

Do you take a calcium supplement daily? .....  Yes  No

Are you currently taking any of the following medications?  
Steroids for 3 months or longer (prednisone, cortisone) .....  Yes  No

Thyroid Medication .....  Yes  No

Anticonvulsant (for seizures or epilepsy) .....  Yes  No

Chemotherapy .....  Yes  No

Have you had any of the following conditions?  
Hyperparathyroidism .....  Yes  No

Vertebral (spine) abnormalities or fractures .....  Yes  No

Rheumatoid arthritis .....  Yes  No

Other arthritis .....  Yes  No

**This section is for women only.**

Are you being treated for estrogen deficiency? .....  Yes  No

Is there any chance that you are pregnant? .....  Yes  No

Have you gone through menopause? .....  Yes  No

Did your menopause occur before age 45? .....  Yes  No

Have you taken hormones in the last year, other than birth control pills? .....  Yes  No  
If yes, for how many years have you been taking hormones? \_\_\_\_\_

Have you had any of the following conditions?  
Hysterectomy (uterus removed) .....  Yes  No

Ovaries removed .....  Yes  No

Breast Cancer .....  Yes  No