Adventist HealthCare Imaging

THE GEORGE WASHINGTON UNIVERSITY MEDICAL FACULTY ASSOCIATES MFA

BONE DENSITOMETRY (DEXA) PATIENT HISTORY

Patient Name: _____ Date: _____

DOB: _____ Height: _____ Weight: _____ Gender: _____

Reason for Study: _____

Ethnicity ❑ Caucasian ❑ African American ❑ Hispanic ❑ Asian or Pacific Islander

Have you had a bone densitometry test before? ❑ Yes If yes, when? _____ ❑ No

Place a check mark for all that apply to you:

- ❑ Chemotherapy (past or present)
- ❑ Past history of smoking
- ❑ Have a family history of fractures *grandmother, grandfather, mother, father or siblings ever break their hip, spine, wrist, heel, etc. as they aged?)*
- ❑ Have a family history of Osteoporosis ❑ Osteopenia
- ❑ Have lost height
- ❑ Low Body Weight *(less than 1271bs)*
- ❑ Have been diagnosed with Osteopenia
- ❑ Have been diagnosed with Osteoporosis
- ❑ I am in poor health/Frailty
- ❑ I am prone to recurrent falls
- ❑ Have kidney problems (*dysfunction, failure, on dialysis or have had a transplant)*

Place a check mark for all that apply to you:

- ❑ Scoliosis *(curvature of the spine)*
- ❑ Spinal surgery or injury
- ❑ Hip surgery or injury ❑ Left ❑ Right: Any prosthesis? ❑ Yes ❑No
- ❑ Abdominal surgeries in the past

Place a check mark for any medications that you are currently taking:

- ❑ Actonel
- ❑ Evista
- ❑ Fosamax
- ❑ Calcitonin *(Miacalcin)*
- ❑ Birth Control
- ❑ Boniva
- ❑ ERT *(Estrogen)*
- ❑ HRT *(combo)*
- ❑ PTH-1-34
- ❑ Calcium Supplements
- ❑ Flouride Supplements
- ❑ Multivitamins
- ❑ Seizure medication *(anticonvulsants: example Dilantin)*
- ❑ Vitamin D
- ❑ Forteo
- ❑ Have taken steroid therapy for 3 months or longer *(Cortisone, Prednisone, Inhalers, etc.)*
- ❑ Reclast
- ❑ Prolia

Have you been diagnosed with a thyroid disorder?

❑ Hyper ❑ Hypo ❑ Hyperpara

In the past 7 days, have you had any of the following?

- ❑ Barium Contrast Study
- ❑ CT Scan *(with contrast)*
- ❑ Nuclear Medicine Study

Have you ever broken any bones as an adult? ❑ Yes If yes, which bone(s)? _____ ❑ No

FRAX Indications:

- ❑ Have 3 or more glasses of alcoholic beverages per day
- ❑ Family history of fracture *(parent hip fracture)*
- ❑ Taking Glucocorticoids *(Cortisone, Prednisone, Inhalers, etc.)*
- ❑ History of fracture as an adult: ❑ Hip or ❑ Spine
- ❑ Secondary Osteoporosis
- ❑ Rheumatoid Arthritis
- ❑ Current Smoker

Questions for women only

Are you pregnant? ❑ Yes ❑ No Last menstrual period _____

Are you ❑ Premenopausal? ❑ Menopausal? ❑ Post-menopausal?

Have you had a Hysterectomy? ❑ Yes ❑ No If yes, were your ovaries removed? ❑ Yes ❑ No