



For Office Use Only
Place Pt ID label here

Tech Initials _____

DEXA Patient History

Patient Name _____ Date _____

Age _____ Weight _____ lbs. Height _____ ft. _____ in.

WRA use only: Measured Height _____ ft _____ in Measured Weight _____ lbs _____ tech

Please Complete the Following Questionnaire:

If you answer YES to either of the first two questions, do not continue with this questionnaire. Return all forms to the receptionist, and a technologist will speak to you shortly.

- Yes No Are you or do you suspect that you are pregnant?
- Yes No Have you had any exam using ingested barium within the past 7 days?

History:

- Yes No Have you had a DXA. (Bone Density) scan in the past?
Where: _____ When: _____
- Yes No Prior surgery to your hip or spine - if yes explain _____
- Yes No Do you have any of the following: If yes, please circle:
Hyperparathyroidism Cushing's syndrome ovarian failure

For Female Patients:

- Yes No Have you gone through menopause? If yes, at what age? _____
- Yes No Have your periods stopped prematurely or temporarily? (Amenorrhea)
- Yes No Have you had both ovaries removed? If yes, at what age? _____
- Yes No Are you currently experiencing peri-menopausal symptoms?



Risk Factors for Osteoporosis:

- Yes No Loss of height Your height as a young adult? _____
- Yes No Family history of osteoporosis
- Yes No Low body weight of less than 127 lbs.
- Yes No Has a blood related family member had a broken bone/fracture not due to injury? If yes, explain _____
- Yes No Have you had a fractured bone since age 50? If yes, explain _____
- Yes No Do you currently smoke cigarettes?

Current Medications:

- Yes No Calcium supplements
- Yes No HRT (Hormone replacement therapy)
- Yes No High dose steroids (not Advair or inhalers) (Greater than or equal to 5 mg/day for greater than or equal to 3 months.)
- Yes No Anticonvulsants (Seizure medication)
- Yes No Thyroid medications: Hyperthyroid or Hypothyroid
Length of time on thyroid medications? _____
- Yes No DepoProvera How long? _____
- Yes No Heparin
- Yes No Prescription medication for osteopenia or osteoporosis.
How long? _____
- Fosamax Actonel Miacalcin Boniva Evista Other _____

Patient Signature

Date