



**PATIENT HISTORY FORM – BONE MINERAL DENSITY -- FEMALE**

PATIENT NAME \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please circle yes or no.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Are you pregnant? Yes No

Right handed? \_\_\_ Left Handed? \_\_\_ Have you had a hysterectomy? Yes No Partial

Menopausal Symptoms \_\_\_\_\_ Post-menopausal \_\_\_\_\_ Appx. Menopause Age: \_\_\_\_\_

Are you on hormone replacement therapy (HRT)? Yes No Patch

Have you been diagnosed with osteopenia or osteoporosis? Yes No

Any Family history of OSTEOPOROSIS? Yes No If yes, who? \_\_\_\_\_

Any Hip/Spine surgeries with metal or pins? Yes No Location \_\_\_\_\_

Have you had a Nuclear Exam in the **LAST 5 DAYS** injected with contrast medium? Yes No

Medications Currently Used:

\_\_\_\_\_ Actonel \_\_\_\_\_ Evista (Raloxifene)  
\_\_\_\_\_ Boniva \_\_\_\_\_ Forteo/Reclast  
\_\_\_\_\_ Fosamax \_\_\_\_\_ Thyroid Meds  
\_\_\_\_\_ Other Prescribed Bone Meds

History of treatments:

\_\_\_\_\_ Chemotherapy Treatment  
\_\_\_\_\_ Tamozifen (Nolvadex)  
\_\_\_\_\_ Steroids/Prednisone/cortisone-like meds  
\_\_\_\_\_ Miacalcin (Calcitonin)

**CURRENTLY EXERCISES:** Average Times per Week: \_\_\_\_\_ NONE \_\_\_\_\_

**DAILY:** Vitamin D Pills? Yes or No Calcium Pills? Yes or No Multi-Vit? Yes or No

**FRAX 10-year Calculation Report (Fracture Risk Assessment):**

Alcohol - do you consume (on average) 2 or more drinks daily? Yes No

Biological mother or father with history of a hip fracture? Yes No

Use of steroids (3 or more months of prednisone or equivalent meds) Yes No

Previous history of adult fracture? Spontaneous? Trauma? Yes No

Type 1 Diabetes, Premature Meno, Osteogenesis, Chronic Malabsorption? Yes No

Confirmed diagnosis of Rheumatoid Arthritis (RA)? Yes No

Current Smoker Yes No

**Study Population for FRAX Report that best relates to you:**

Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Caucasian \_\_\_\_\_ Other \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Today's Date: \_\_\_\_\_ / 2011

Tech Notes

HEIGHT

WEIGHT

Tech Init:

Pt. Copy