



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

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

Please circle yes or no.

Height \_\_\_\_\_ Weight \_\_\_\_\_

Tech Notes

Are you right handed? \_\_\_\_\_ Left handed? \_\_\_\_\_

Have you been diagnosed with osteopenia or osteoporosis? Yes No

HEIGHT

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** with injected contrast medium? Yes No

WEIGHT

Medications Currently Used:

History of treatments:

\_\_\_\_\_ Actonel \_\_\_\_\_ Evista (Raloxifene)

\_\_\_\_\_ Chemotherapy Treatment

\_\_\_\_\_ Boniva \_\_\_\_\_ Forteo/Reclast

\_\_\_\_\_ Tamozen (Nolvadex)

\_\_\_\_\_ Fosamax \_\_\_\_\_ Thyroid Meds

\_\_\_\_\_ Steroids/Prednisone/cortisone-like meds

\_\_\_\_\_ Other Prescribed Bone Meds

\_\_\_\_\_ Miacalcin (Calcitonin)

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

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

Tech Init:

History of adult fracture? Spontaneous? Trauma? Yes No

Type 1 Diabetes, Osteogenesis Imperfecta, Chronic Malabsorption? Yes No

Confirmed diagnosis of rheumatoid arthritis (RA)? Yes No

Pt. Copy

Current Smoker Yes No

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

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

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