SMH Imaging Center

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DEXA
PATIENT HISTORY QUESTIONNAIRE

Name: _____ **Today's Date:** ____/____/____
Patient ID: _____ **Gender:** ☐ M ☐ F
Current Height: _____ ft. _____ in. **Date of Birth:** ____/____/____
Current Weight: _____ lbs. **Referring Physician:** _____
Menopause Age: _____ **Ethnicity:** _____

1. Have you had a previous hip or vertebral fracture? ☐ Yes ☐ No
2. Have you had any fractures during your adult life which did not result from significant trauma (i.e., auto accident)? ☐ Yes ☐ No
3. Did either of your parents ever have a hip fracture? ☐ Yes ☐ No
4. Do you smoke? ☐ Yes ☐ No
5. Have you ever taken Glucocorticoids? ☐ Yes ☐ No
6. Do you have rheumatoid arthritis? ☐ Yes ☐ No
7. Do you have secondary osteoporosis? ☐ Yes ☐ No
8. Do you drink 3 or more alcoholic drinks per day? ☐ Yes ☐ No
9. Are you being treated for osteoporosis? ☐ Yes ☐ No
10. Have you ever taken any of the following medications:
    - ☐ Actonel (i.e. risedronate)
    - ☐ Boniva (i.e. ibandronate)
    - ☐ Evista (i.e. raloxifene)
    - ☐ Forteo (i.e. parathyroid hormone)
    - ☐ Fosamax (i.e. alendronate)
    - ☐ HRT (i.e. estrogen/hormone therapy)
    - ☐ Miacalcin (i.e. calcitonin)
    - ☐ Protelos (i.e. strontium ranelate)
    - ☐ Reclast (i.e. zoledronate)
    - ☐ Prolia (i.e. denosumab)
    - ☐ Vitamin D
    - ☐ Calcium
    - ☐ Other - please specify: _____
11. Do you have any of the following medical conditions:
    - ☐ Anorexia or Bulimia
    - ☐ Any Seizure Disorders
    - ☐ Asthma or Emphysema
    - ☐ Cancer
    - ☐ End stage renal disease
    - ☐ Inflammatory bowel diseases
    - ☐ Hyperparathyroidism
    - ☐ Hysterectomy
    - ☐ Other - please specify: _____
12. What was your maximum height (inches)? _____
13. Do you perform weight bearing exercise regularly? ☐ Yes ☐ No
14. Do you regularly consume daily products? ☐ Yes ☐ No
15. Do you drink caffeinated beverages? ☐ Yes ☐ No

If female:

16. At which age did your period start? _____
17. Are you premenopausal? ☐ Yes ☐ No
18. How many full term pregnancies have you had? _____
19. Have you ever missed your period for more than 6 months in a row (not including pregnancy or menopause? ☐ Yes ☐ No