

# Osteoporosis Evaluation for Bone Mineral Density Exams

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Age: \_\_\_\_\_ yrs

Weight: \_\_\_\_\_ lbs

Height: \_\_\_\_\_

Sex: Male

Female

\* Have you had a previous Bone Mineral Density study (BMD/BMM)?

YES

NO

When? \_\_\_\_\_

Where? \_\_\_\_\_

Are you taking medication to rebuild bone mass?

YES

NO

Which medication are you taking?

Alendronate (Fosamax)

Actonel

Calcitonin (Miacalcin)

Other: \_\_\_\_\_

What is your daily dosage? \_\_\_\_\_

For how long? \_\_\_\_\_

\* Are you currently on Steroid Therapy?

YES

NO

Which medication are you taking?

Cortisone

Prednisone

Other: \_\_\_\_\_

What is your daily dosage? \_\_\_\_\_

For how long? \_\_\_\_\_

\* Do you have hyperparathyroidism?

YES

NO

Are you taking medication for this condition?

YES

NO

Which medication are you taking? \_\_\_\_\_

What is your daily dosage? \_\_\_\_\_

For how long? \_\_\_\_\_

Have you ever had a Vertebral Fracture?

YES

NO

Are you now or have you ever been a smoker?

YES

NO

Are you taking medication for a chronic kidney illness?

YES

NO

Have you had a barium x-ray procedure in the past three days?

YES

NO

Have you had a Nuclear Medicine procedure in the past ten days?

YES

NO

Have you had an intravenous x-ray contrast (dye) in the past seven days?

YES

NO

Do you have a family history of osteoporosis?

YES

NO

Have you noticed any loss of height?

YES

NO

Please check any of the following conditions that you have now or have had in the past.

Cancer of the breast

Cancer of the uterus

Excessive tooth decay or breakage

## WOMEN ONLY

Are you pregnant or is there any chance of you being pregnant?

YES

NO

Do you have irregular periods?

YES

NO

\* Have you had a hysterectomy?

YES

NO

At what age? \_\_\_\_\_

Both ovaries removed?

YES

NO

Have you been through menopause?

YES

NO

\* Natural?

Hysterectomy induced? \_\_\_\_\_

Are you now or have you ever taken estrogen?

YES

NO

When? \_\_\_\_\_

For how long? \_\_\_\_\_

I HAVE ANSWERED THESE QUESTIONS TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THE INFORMATION PRESENTED TO ME. I HAVE ALSO INFORMED THE TECHNOLOGIST THAT I AM NOT PREGNANT AT THIS TIME.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technologist Signature

\_\_\_\_\_  
Date