

RADIOLOGY ASSOCIATES

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 enduced? _____

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