

## Bone Mineral Density (DEXA) Patient Questionnaire

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Female Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: Caucasian African American Hispanic Asian Other: \_\_\_\_\_

Right Left Which hand do you write with? \_\_\_\_\_

Yes No Is there any possibility that you could be pregnant? \_\_\_\_\_

Yes No Have you gone through menopause? If so at what age? \_\_\_\_\_

Yes No Are you currently going through menopause? \_\_\_\_\_

Yes No Do you have any symptoms related to menopause? If so what symptoms? \_\_\_\_\_

Yes No Have you ever been diagnosed with osteoporosis? \_\_\_\_\_

Yes No Have you ever been diagnosed with osteopenia? \_\_\_\_\_

Yes No Have you ever had a compression/insufficiency fracture of the spine? \_\_\_\_\_

Yes No Have you undergone spinal surgery with fixation hardware/rods placed? \_\_\_\_\_

Yes No Have you ever had an insufficiency fracture of another bone? What bone? \_\_\_\_\_

Yes No Have you undergone a hip replacement? If so which side? \_\_\_\_\_

Yes No Are you currently being treated with oral or inhaled steroids (more than 3 months use)? \_\_\_\_\_

Yes No Are you being treated for Cushing's syndrome/disease? \_\_\_\_\_

Yes No Are you being treated for hyperparathyroidism (elevated parathyroid hormone levels)? \_\_\_\_\_

Yes No Are you being treated for hypopituitarism (pituitary gland failure)? \_\_\_\_\_

Yes No Have you had any imaging exams in the last 7 days that required you to drink liquid contrast? \_\_\_\_\_

Circle any of the following drugs you are currently taking.

alendronate (Fosamax/Binosto)

teriparatide (Forteo)

letrozole (Femara)

ibandronate (Boniva)

abaloparatide (Tymlos)

anastrozole (Arimidex)

risedronate (Actonel/Atelvia)

calcitonin (Miacalcin/Fortical)

exemestane (Aromasin)

pamidronate (Aredia)

tamoxifen

goserelin (Zoladex)

zoledronic acid (Zometa/Reclast)

raloxifene (Evista)

leuprolide (Lupron)

denosumab (Prolia)

toremifene (Fareston)

cinacalcet (Sensipar)

romosozumab (Evenity)

fulvestrant (Faslodex)

etelcalcetide (Parsabiv)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_