

Silver Health CARE

Patient Bone Density Questionnaire

Name: _____
 Date of Birth: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone #: _____ Work Phone #: _____
 Your Health Care Provider: _____
 At age 25 years, what was your height in feet and inches? _____ Feet _____ Inches
 Your Current Height: _____ Your Current Weight: _____
 If you are still menstruating, what was the date of your last period? _____
 If past menopause, estimate the year of your last period: _____ Age at that time: _____
 How many children have you given birth to? _____
 Have you taken any calcium supplements today? _____ Yes _____ No
 Have you had any recent x-ray studies or nuclear medicine studies in the last 2-3 days? ___ Yes ___ No

Below, please list all medications (prescriptions and over-the-counter), vitamins and mineral supplements, natural herbs or drugs, and homeopathic therapies you are currently taking.

Please fill out the following Patient Questionnaire and bring it to your exam.

Medication Name	Dose	Number taken daily	Date 1 st Started Taking

PERSONAL HISTORY

From the list below, please place a check mark next to any condition that applies to you now or in the past.

<input type="checkbox"/> I am female	<input type="checkbox"/> I am of northern European ancestry
<input type="checkbox"/> I am male	<input type="checkbox"/> I have a family history of osteoporosis
<input type="checkbox"/> I am Caucasian (white)	<input type="checkbox"/> I have lost over an inch in height
<input type="checkbox"/> I am Africa-American (black)	<input type="checkbox"/> I smoke tobacco now
<input type="checkbox"/> I am Asian (oriental)	<input type="checkbox"/> I used to smoke
<input type="checkbox"/> I am Hispanic	<input type="checkbox"/> Age at quitting

MEDICAL HISTORY

	I have a history of kidney stones		I have had a vertebral compression fracture
	I have a history of an over-active thyroid gland		I have had a hip fracture
	I have a history of phlebitis		I have had a wrist fracture
	I have a history of pulmonary embolism		I have had a rib fracture
	I have a history of an under-active thyroid gland		I have had a pelvic fracture
	I have a history of a high blood calcium level		I have had a stress fracture
	I have a history of hyperparathyroidism		I have had a spine fracture
	I have a history of osteoporosis		I have had a fracture not listed above Indicate site(s) _____
	I have back pain		I have a dowager's hump of the spine
	I have a history of alcoholism		I have a history of multiple myeloma
	I have a history of osteopenia		I have balance problems, frequent falls, vision or hearing problems
	I have a history of hip or back surgery		

FEMALE REPRODUCTIVE SYSTEM HISTORY

	I had a premature menopause (before age 40yrs)		I have uterine fibroids
	I have passed menopause at age _____		I had a hysterectomy (surgical removal of the uterus) at age _____
	I lost periods due to a heavy exercise routine		I had both ovaries removed surgically at age _____
	I have a history of uterine, cervical or ovarian cancer		I have a history of breast cancer
	I have a history of irregular menstrual periods		I have a family history of breast cancer
	I have a history of amenorrhea		

MEDICATION HISTORY

	I have used cortisone-like drugs or steroids		I exercise three or more times weekly
	I have used Phenobarbital or Phenytoin (Dilantin)		I don't exercise regularly
	I use Mylanta or Maalox often		I use two or more soft drinks daily
	I am on female hormones		I use two or more cups of coffee or tea daily
	I take sedatives, narcotics, or prescription pain medications		

Questions and Answers About Your Bone Density Exam

Your bone densitometry examination may be the easiest medical examination you will have over the course of your life. Basically, all it involves is for you to lie back and let the bone densitometer do the work. However, there are always valid concerns about any medical procedure. For your peace of mind, some of these concerns are addressed here.

What do I need ahead of time?

You will be required to provide a prescription (with a diagnosis) from your physician (whether or not your insurance company requires a referral) before you make your appointment.

What should I wear?

Wear loose and comfortable clothing. Sweat suits and/or elastic-waisted clothes are preferred. If possible, do not wear tops with buttons or pants with zippers, buttons or grommets. You will be required to remove your bra because of the hooks.

What will the examination determine?

The bone densitometer will measure your bone mineral density (BMD). It will also compare your measurements to a reference population based on your age and sex. Your physician, in making a diagnosis about your bone status and fracture risk, will use this information.

Will it hurt?

Absolutely not. There is no pain at all associated with the bone densitometry examination. Some people with back pain may find some of the positions uncomfortable. These positions are maintained for a short period of time.

How long will the examination take?

Spine (lower back) or femur (hip) measurements may take approximately ten to fifteen minutes each.

What will I do during the examination?

Lie still. Breathe normally. Rest comfortably.

Is the examination safe?

Bone densitometry involves a small dose of radiation. **How small?** A one-view spine scan delivers less than one-tenth the dose of a chest x-ray. As in any medical procedure, **if there is a chance that you might be pregnant, please be sure to inform your physician and the radiographer.**

Is there any special preparation involved?

Unlike many other medical examinations, no special preparation is required. There are no painful contrast injections, bad tasting oral preparations, or uncomfortable enemas.

Do I have to alter my eating habits?

This is not an examination that requires you to have an empty stomach, or a full bladder, drink a certain amount of water, or any other such pre-examination preparation on your part.