



Name: _____ Referring Doctor: _____

Patient ID#: _____ Date of Birth: _____ Sex: _____ Height: _____ Weight: _____

1. Have you ever had a bone density test? Yes No
If yes, please list facility and date: _____
2. What is your ethnicity? African American Hispanic
 Caucasian Other _____
3. How tall were you at the age of 20? _____ ft. _____ in.
4. Have you lost any height? Yes No
If yes, please list how many inches: _____ in.
5. Have you ever been put on prescription medications for your bones? Yes No
If yes, please list type and duration: _____
6. Do you eat any dairy products or calcium fortified foods? Yes No
If yes, please list type and frequency per day: _____
7. Do you take any vitamins, calcium supplements, or vitamin D supplements? Yes No
If yes, please list type and frequency per day: _____
8. Have you taken any steroid medications (cortisone, prednisone, Medrol, etc) or received steroid injections in your spine/joints? Yes No
If yes, please list type and frequency: _____
9. Do you or have you taken any hormone replacement medications, patch, and/or cream? Yes No
If yes, please list type and duration: _____
10. Do you have a history of any of the following disorders (please circle):
Anemia Diabetes Kidney Stones
Bulimia/Anorexia Kidney Disease Thyroid Disease
11. Do you have a history of any broken bones in your hip, spine, or wrist? Yes No
If yes, please list: _____
12. Do you have a history of gastric bypass surgery? Yes No
If yes, please list: _____

FEMALE PATIENTS:

1. Are you postmenopausal? Yes No
If yes, please list date: _____
2. Have you had a hysterectomy (removal of the uterus)? Yes No
3. Have you had an oophorectomy (removal of the ovaries)? Yes No

FAMILY HISTORY:

1. Do you have any relatives who have broken bones in their hip, spine, or wrist or suffer from frequent stress fractures? Yes No
If yes, please list their relationship to you and the location of their fracture:

2. Do you have any relatives who have a diagnosis of osteoporosis? Yes No
If yes, please list their relationship to you: _____