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DEXA Questionnaire

(Updated 7/12/18)

Patient Name: _____ DOB: _____ MRN: _____

Name accompanying patient: _____ Date: _____

Appointment Date/Time: _____ Physician: _____

You have been scheduled for a Bone Mineral Density test. This test is done to measure how dense the bones are in your hip and spine. This test can be an indicator for osteoporosis but there are many factors that can contribute to this condition. The test uses state of the art x-ray technology to compare your results to those with normal bone densities. If possible please wear clothing without snaps, zippers or buttons. This will help to eliminate the need to change into a patient gown before testing.

Below is a list of risk factors for osteoporosis. Please circle those that apply to you.

Family history of osteoporosis	Rheumatoid arthritis
Parents history of hip fractures	Kyphosis (stooping at the shoulders)
Low calcium intake	Female
Post-Menopausal	Caucasian
Prior fractures:	Alcohol use more than 3 units per day
*Please list body part _____ L or R	Tobacco use
*Please list body part _____ L or R	Height loss
Chronic Liver Disease	Premature menopause (≤ 45 years)
Diabetes Type I	Hypogonadism
Use oral steroids	Hyperthyroidism
Back surgery	Chronic malnutrition, malabsorption
Hip surgery	Osteogenesis imperfecta
Are you or could you be pregnant? Yes No	
Have you had a CT or MRI within the last two weeks? Yes No	

Prior studies: yes no . When was done _____. T score: L spine ____, L hip ____, R hip ____

Current Treatment

Resistive Exercise	Estrogen Replacement Therapy
Calcium Therapy	Fosamax, Actonel Therapy
Vit D Therapy	Oral or IV Boniva Therapy

For Office Use: Height: _____ Weight: _____

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