



DEXA SCAN – PATIENT HISTORY

Patient Name: _____ Age: _____ Date: _____

Weight: _____ lbs. Height: _____ ft. _____ in. Ethnicity/Race: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:

1. Are you or do you suspect that you are pregnant? Yes No
2. Have you had a CT or x-ray exam using barium in the past seven days? Yes No
3. Have you had a DEXA scan in the past? Yes No
If yes, when _____ where _____
4. Have you gone through menopause?
 _____ No My most recent menstrual period was: _____
 _____ Yes My menstrual periods stopped at age _____ because of:
 _____ a) Natural menopause.
 _____ b) Hysterectomy, oophorectomy (surgically induced).
 _____ c) Periods did not stop, because I began taking hormones.
 _____ Maybe My last menstrual period was on: _____
5. Are you taking hormones? (including Tamoxifen) Yes No
Type _____ How long _____
6. Are you or have you taken steroids for a period of at least 3 months? Yes No
Type _____ How long _____
7. Are you taking any medicine for osteoporosis, e.g. Calcium Supplements, Vitamin-D Supplements, Fosamax, Actonel, Boniva, other? Yes No
Type _____ How long _____
8. Do you have a family history of osteoporosis? Yes No
Which family member _____

FRAX Criteria Questions (Please circle Y/N): -- WHO* Fracture Risk Assessment						
Have you had a prior fracture?	Yes	No		Do you have Rheumatoid Arthritis?	Yes	No
Did your parent fracture a hip?	Yes	No		Have you taken Steroids for more than 3 months?	Yes	No
Do you smoke?	Yes	No		Do you have 3 or more alcoholic drinks/day?	Yes	No

*WHO = (World Health Organization) Fracture Risk Assessment