

Accession#		M	R#	

OSTEOPOROSIS RISK QUESTIONNAIRE		Date:		
		Technologist	/ Initials:	
Name:		Height:		Weight:
		<u> </u>		<u> </u>
Age: Sex: DOB: Race: White Black Asian Hispanic	Other:			
hace. Write Black Asian hispanic	Other.			
Ordering Dr:				
Have you had a hone density seen before?	No			
Have you had a bone density scan before? Yes When and where was your previous bone density performed?	No	Date:		
Location:		Date.		
1. Have you had a barium study, CT scan or Nuclear Medicine so	an with	in the last 2 w	eeks?	
Yes No				
2. Have you had any IV contrast studies during the last week?		Yes	No	
If you answered yes to questions 1 or 2, Stop and re	eturn thi	is form to the	front desk.	
3. Have you taken a calcium pill today? Yes	No			
Hormone Status Assessment (for women only)				
Have you gone through menopause? (no periods for 12 months	:?	Yes	No	
At what age?				
Was your menopause Natural Treatment(che	emo)	Surgical (rem	oval of ova	ries)
How many periods did you have per year? 12		5-12	le	ess than 6
Have you taken estrogen, hormone replacement since menopa	use?		Yes	No
Are you on estrogen now? Yes No	Date	e last taken:		
Risk Factors (Men & Women)				
Family members with osteoporosis ?	Yes	No	Who:	
Did your parents have a Hip Fracture (Broken hip)?	Yes	No	_	
Have you broken/fractured any bones since age 40?	Yes	No		
Vertebra(spine) Y N Femur(hip) Y N Forearm (wris	t) Y N	Other: _		
Did these occur with minor trauma fall from standing height?		Yes	No	
Have you fallen in the last year? Yes No		How often:		
What was your tallest height?	nat is your hei	ght now?		
Have you weighed less that 127lbs since age 18?	Yes	No	_	
Did you ever smoke? Yes No Are you	currentl	ly smoking?	Yes	No
Do you drink alcohol (more than 14 drinks/week)?	Yes	No		
How many cups of caffeinated coffee, tea or soda do you drink	per day?	?		
Do you exercise?	Yes	No		

Rheumatoid Arthritis Y N Radiation Therapy Y N Dupus (SLE) Y N Chemotherapy Y N N Dialysis Y N Overactive Thyroid Y N N Dialysis Y N Overactive Thyroid Y N N Dialysis Y N Dialysis Y N Diabetes (Insulin) Y N N Chronic Kidney Disease Y N N Hyperparathyroid Y N N Kidney Stones Y N Diabetes (Insulin) Y N Celiac Disease Y N N Hyperparathyroid Y N N Diabetes (Insulin) Y N N Celiac Disease Y N N Hypogonadism Y N N Diabetes (Insulin) Y Diabetes	Have you ever had any of t	he following con	ditions:						
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reviewed 5.2022 lgf