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BONE DENSITOMETRY SCREENING FORM

FOR TECHNOLOGIST ONLY:

\*\* HEIGHT \*\*WEIGHT

PATIENT QUESTIONNAIRE

\*\*Name: \*\*Age: \*\*Sex: \*\*Race

- 1. Do you have any surgically placed metal device in your hips?
2. Do you have any surgically placed metal in your lower back?
3. Have you broken/fractured any bones in your ADULT life?
... 18. Are you on bone building medications?
If so what type: (circle all that apply) Alendronate (Fosamax), Ibandronate (Boniva), Risendronate (Actonel), zoledronate (Zometa, Zomera, Aclasta, Reclast), Calcitonin (Miacalcin), Estrogen or Testosterone, Raloxifene (Evista), parathyroid hormone (PTH 1-34),

Other: (please list):

19. \*\*Do you drink more than two alcoholic beverages per day? Yes No

FOR FEMALES ONLY

Have you gone through menopause? Yes No

\*\* If yes, at what age:

FOR MALES ONLY

\*\*Do you have a diagnosis of low male sex hormones (hypogonadism)? Yes No