



Bone Density Questionnaire

Name: _____ Birthday: _____ Height: _____ Weight: _____

Phone: _____ Last 4 digits of SS#: _____

Ethnicity (*averages for normal bone density vary with ethnicity; this information is required for accuracy in your measurements)

Caucasian African American Hispanic Asian Other _____

Check all that apply:

____ Post-menopausal (naturally or surgically), Age at start of menopause or surgery _____

____ Both ovaries removed

____ History of kidney stones

____ Smoke: packs per day _____

____ > 2 drinks per day containing alcohol

____ Taking or have taken cortisone, prednisone, or other steroids for 6 months at a time,

Year _____ Length of steroid treatment _____

____ Intervals of > 6 months without any menstrual cycles (other than pregnancy & menopause)

Age at time _____ Length of time without cycles _____

____ Back and/or hip surgeries or fractures. Year _____ Location of areas affected: _____

____ Metal or any other type of implant in back or hips. Location of implant: _____

____ Broken bones as an adult (other than back or hips)

Bone(s) broken _____ How? _____

____ Scoliosis

____ Height loss

____ Osteopenia

____ Osteoporosis

____ Family history of osteoporosis; Family members' relationship to you:

Do you take any of the following medications? (Check all that apply)

Synthroid Multivitamins Levoxyol Calcium Vitamin D

Actonel Boniva Fosamax Forteo Evista

Hormone Replacement; Type/Name: _____