



DEXA PATIENT HISTORY QUESTIONNAIRE

Patient Name _____ DOB _____ Exam 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 taking steroids? Yes____ No____
Type _____ How long _____
- 7. Are you being treated for hyperthyroidism or hyperparathyroidism? Yes____ No____
- 8. Are you taking any medicine for osteoporosis, e.g. Calcium, Vitamin D Supplements, Calcitonin, Didronel, Foxamx? Yes____ No____
Type _____ How long _____
- 9. Do you have a family history of osteoporosis? Yes____ No____
Which family member _____

Patient signature: _____ Date: _____