

## Bone Density Patient Questionnaire

<b>Name:</b>		<b>Height:</b>	<b>Weight:</b>
<b>Birth Date:</b>	<b>Age:</b>	<b>Gender:</b> <b>Female</b> <b>Male</b>	
<b>Ethnicity:</b> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____			
<ul style="list-style-type: none"> <li>• Have you ever had a bone density test?  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>YES</span> <span>NO</span> </div> </li> </ul>		<b>If YES,</b>  <b>When and Where:</b> _____	
<ul style="list-style-type: none"> <li>• Have you had a barium x-ray or CT scan in the last 2 weeks?</li> </ul>		<b>YES</b>	<b>NO</b>
<ul style="list-style-type: none"> <li>• Have you had a nuclear medicine scan or injection of dye in the last week?</li> </ul>		<b>YES</b>	<b>NO</b>
<ul style="list-style-type: none"> <li>• Do you have a history of hyperparathyroidism or a high calcium level in your blood?</li> </ul>		<b>YES</b>	<b>NO</b>
<ul style="list-style-type: none"> <li>• Have you ever broken a bone?  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>YES</span> <span>NO</span> </div> </li> </ul>		<b>Which bone:</b> _____  <b>At what age:</b> _____	
<ul style="list-style-type: none"> <li>• Have you ever had surgery on your spine, hips, or wrist?  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>YES</span> <span>NO</span> </div> </li> </ul>		<b>If YES,</b> <b>please describe:</b> _____	
<b>Do you smoke?</b>		➡	<b>YES</b> <b>NO</b>
<b>Do you consume alcohol daily?</b>		➡	<b>YES</b> <b>NO</b>
<b>Have you had breast cancer?</b>		➡	<b>YES</b> <b>NO</b>
<b>Have you had prostate cancer?</b>		➡	<b>YES</b> <b>NO</b>
<b>Have you gone through menopause?</b>		➡	<b>YES</b> <b>NO</b> <b>If YES, at what age?</b> _____
<b>Have you had a hysterectomy?</b>		➡	<b>YES</b> <b>NO</b> <b>Complete or Partial?</b> _____
<b>Please list any pertinent medications:</b>			