



1640 Hospital Drive, Santa Fe, NM 87505 ■ TEL: 505-983-9350
FAX lines: Scheduling: 505-954-4253 ■ Med Records: 505-986-0859

BONE DENSITOMETRY SCREENING FORM

FOR TECHNOLOGIST ONLY:

**** HEIGHT** _____ ****WEIGHT** _____

PATIENT QUESTIONNAIRE

****Name:** _____ ****Age:** _____ ****Sex:** _____ ****Ethnicity:** _____

- 1. Do you have any surgically placed metal device in your hips? Yes No
If yes, what side? _____
- 2. Do you have any surgically placed metal in your lower back? Yes No
- 3. Have you broken/fractured any bones in your **ADULT** life? Yes No
 - **If yes, has there been spine fracture?** Yes No
 - **Was there a fracture not expected to occur in a healthy individual (fall from sitting or standing** Yes No
- 4. ****Has a parent had a hip fracture?** Yes No
- 5. ****Do you smoke?** Yes No
- 6. **** Have you ever taken steroids (prednisone, cortisone, etc.) for 3 months or more?** Yes No
- 7. Are you on steroids now? Yes No
- 8. **** Do you have rheumatoid arthritis?** Yes No
- 9. ****Do you have insulin dependent diabetes?** Yes No
- 10. **** Do you have osteogenesis imperfecta?** Yes No
- 11. ****Do you have bowel malabsorption, i.e., ulcerative colitis, Crohn's disease, sprue (gluten intolerance)?** Yes No
- 12. ****Do you have hyperparathyroidism?**..... Yes No
- 13. **** Have you had hyperthyroidism?**..... Yes No
If yes, has it been successfully treated?..... Yes No
- 14. ****Do you have chronic liver disease?**..... Yes No
- 15. ****Do you have Cushing disease/syndrome?**..... Yes No
- 16. ****Do you have multiple myeloma?**..... Yes No
- 17. Do you have known osteoporosis that is not being treated by bone building medication?..... Yes No
- 18. Are you on bone building medications?..... Yes No
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