

Diabetes & Endocrinology Consultants, PC

BONE DENSITY QUESTIONNAIRE

Date _____

Patient Name _____ Date of Birth _____

Referring Physician _____ Diagnosis _____

Additional Copies of Report to: _____

Weight _____ Height _____ Gender _____

Ethnicity: Asian Black Hispanic White Other (*Staff, Consider DEXA machine limitations*)

Check all that apply to you

Bone fractures

List the bone(s) fractured and dates _____

Age over 70

Alcoholism

Cigarette Smoking

Cortisone treatment

Early menopause (before 45)

Eating Disorder

Estrogen Deficiency

Family history of fractures

Family history of osteoporosis

Fracture as an adult

Height loss

Hyperparathyroidism

Hyperthyroidism

Kidney Disease

Lactose Intolerance

Liver Disease

Low Body Weight

Low Calcium Intake

Low Male Hormone (in men only)

Malabsorption

Osteoporosis

Peri-menopausal

Postmenopausal

Recurrent Falls

Seizure Disorder

Are you on any of the following osteoporosis medications?

Actonel

Boniva

Calcium

Estrogen

Evista

Forteo

Fosamax

Miacalcin

Rocaltrol

Thiazide

Vitamin D