

**BONE DENSITOMETRY PATIENT HISTORY QUESTIONNAIRE**

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**Patient Name:** \_\_\_\_\_ **Date of Study:** \_\_\_\_\_  
**MRN:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Current Height:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Weight:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_  
**Menopause Age:** \_\_\_\_\_

- 1. Have you had any fractures during your adult life which resulted from minimal to no trauma (e.g., fall from a standing height)? Yes No  
If yes, was the fracture a hip or vertebral fracture? Yes No
- 2. Did either of your parents ever have a hip fracture? Yes No
- 3. Do you currently smoke? Yes No
- 4. Have you ever taken steroids for >3 months? Yes No
- 5. Has the physician said that you have rheumatoid arthritis (not osteoarthritis)? Yes No
- 6. Do you drink 3 or more alcoholic drinks per day? Yes No
- 7. Are you being treated for osteoporosis? Yes No
- 8. Have you ever had surgery on your back or hip? Yes No  
If yes, what kind of surgery? \_\_\_\_\_
- 9. If female, have you had a hysterectomy? Yes No  
If yes, what age was it performed? \_\_\_\_\_ Were your ovaries removed? Yes No  
(If ovaries removed at age <45, please check off premature menopause on question 12)
- 10. Do you take synthroid (levothyroxine)? Yes No

11. Have you ever taken any of the following medications? If you are currently taking one of these, please write "Current" next to the name of the medication. If you stopped taking one of these, please write "Stopped" next to the name of the medication and indicated how long ago you stopped.

- Actonel (i.e. risedronate) Boniva (i.e. ibandronate)
- Evista (i.e. raloxifene) Forteo (i.e. parathyroid hormone)
- Fosamax (i.e. alendronate) HRT (i.e. estrogen/hormone therapy)
- Miacalcin (i.e. calcitonin) Protelos (i.e. strontium ranelate)
- Reclast (i.e. zoledronate) Prolia (i.e. denosumab)

Other osteoporosis medication (not including calcium or vitamin D):

12. Do you have any of the following medical conditions that are strongly associated with osteoporosis?

- Seizure disorder Gaucher disease Acromegaly
- Sarcoidosis Glycogen storage disease Adrenal insufficiency
- Hypogonadism Hemochromatosis Cushing syndrome
- Premature menopause (<45) Hypophosphatasia Estrogen deficiency
- Anorexia or Bulimia Marfan syndrome Hyperparathyroidism
- Cystic Fibrosis Osteogenesis imperfecta Untreated hyperthyroidism
- Ehlers-Danlos syndrome Porphyria Diabetes
- Calcium/magnesium deficiency Homocystinuria Alcoholism
- Protein deficiency Idiopathic hypercalciuria Amyloidosis
- Vitamin D deficiency Inflammatory Bowel Disease Congestive heart failure
- Bariatric surgery Ankylosing spondylitis Emphysema/COPD
- Celiac Disease Hemophilia End stage renal disease
- Gastrectomy Leukemia/Lymphoma HIV disease/AIDS
- Malnutrition Sickle cell anemia Multiple sclerosis
- Chronic liver disease Thalassemia Ochronosis
- Mastocytosis Metastatic Cancer Organ transplantation

Is this your first Bone Density? Yes No