



**Providence Imaging**  
 at MUSKOGEE REGIONAL MEDICAL CENTER  
 101 ROCKEFELLER DRIVE, STE. 101  
 MUSKOGEE, OK 74401

# BONE DENSITY QUESTIONNAIRE

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

1. DO YOU HAVE A HISTORY OF FRACTURES AFTER AGE 45? YES/NO

IF YES EXPLAIN: \_\_\_\_\_

2. DO YOU HAVE A FAMILY HISTORY OF OSTEOPOROSIS? YES/NO

3. ARE YOU CURRENTLY A SMOKER? YES/NO

4. ARE YOU POST MENOPAUSAL? YES/NO

5. HAVE YOU HAD A HYSTERECTOMY? YES/NO WHEN? \_\_\_\_\_

OVARIES REMOVED? YES/NO

6. HAVE YOU HAD SURGERY ON THE FOLLOWING?

ABDOMEN? YES/NO      BACK? YES/NO      HIPS? YES/NO

7. DO YOU EXERCISE REGULARLY (FOR EXAMPLE CARDIO OR WEIGHT BEARING)? YES/NO

8. ARE YOU ALLERGIC TO MILK? YES/NO

9. DO YOU HAVE RHEUMATOID ARTHRITIS? YES/NO

10. DO YOU TAKE ANY OF THE FOLLOWING MEDICATIONS?

HORMONES? YES/NO      CALCIUM? YES/NO      THYROID? YES/NO      STEROID? YES/NO

11. DO YOU TAKE ANY BONE BUILDING MEDICATIONS?

ACTONEL? YES/NO      BONIVA? YES/NO      FORTEO? YES/NO      FOSAMAX? YES/NO      OTHER? YES/NO

12. HAVE YOU HAD A PREVIOUS BONE DENSITY EXAM? YES/NO

IF YES, WHEN AND WHERE? \_\_\_\_\_



## FOR CLINIC PURPOSES ONLY

TECH: \_\_\_\_\_ X# \_\_\_\_\_

SITES SCANNED \_\_\_\_\_ DIAGNOSIS \_\_\_\_\_

MEASURED HT TODAY: \_\_\_\_\_ WT: \_\_\_\_\_

CHANGES SINCE PREV.: HT LOSS \_\_\_\_\_ WT LOSS/GAIN \_\_\_\_\_

OTHER \_\_\_\_\_