

Bone Density Patient Information Sheet

Name (print): _____ Date: _____

Is there a chance that you are pregnant: Yes No

Have you had a barium X-ray in the last 2 weeks? Yes No

Have you had a nuclear medicine scan or injection of an X-ray dye in the last week? Yes No

Your age: _____ Your sex (circle): Female Male

Have you ever had a bone density test? Yes No

Where? _____

Your tallest height (late teens or young adult): _____

Your ethnicity (circle): Caucasian (white) Black Asian Hispanic Other

Do you drink alcohol? Yes No

Do you have (circle): 0-2 drinks/day 3 or more drinks/day

Did either of your parents have a broken hip? Yes No

Have you taken steroids (glucocorticoids) in the past, for more than 3 months? Yes No

Are you taking steroids (glucocorticoids) now? Yes No

Have you ever broken a bone from a minor injury? Yes No

Do you have Rheumatoid Arthritis? Yes No

Do you have any ongoing medical problems? _____

(such as: Diabetes mellitus, kidney failure, liver impairment, multiple sclerosis, chronic obstructive pulmonary disease (COPD), hyperparathyroidism, hyperthyroidism, hypercortisolism, cushing's disease, anorexia nervosa, bulimia, or malabsorption syndromes such as celiac disease)

Do you smoke (use tobacco products) Yes No

Have you had surgery of the spine, hips, legs, or arms? Yes No

If yes, which bone, which side? _____

Do you take calcium: Yes No How much / how often? _____

Do you take Vitamin D? Yes No How much / how often? _____

For women only:

When was your last period? _____ Age at menopause? _____

Have you had a hysterectomy? Yes No

Have you had your ovaries removed? Yes No

Please answer questions on the other side also

Are you currently taking or have you previously taken any of the following medications?

| | | |
|--|-----|--|
| Prednisone (cortisone) | Yes | Currently / in the past? For how long? _____ |
| Medication for seizures or epilepsy | Yes | Currently / in the past? For how long? _____ |
| Medication for prostate cancer | Yes | Currently / in the past? For how long? _____ |
| Medication to prevent transplant rejection | Yes | Currently / in the past? For how long? _____ |
| Chemotherapy for cancer | Yes | Currently / in the past? For how long? _____ |

Name of medicine: _____

| | | |
|----------------------------|-----|--|
| Hormone therapy for cancer | Yes | Currently / in the past? For how long? _____ |
| Anastrozole - (Arimidex) | | |
| Letrozole - (Femara) | | |
| Exemestane - (Aromasin) | | |

| | | |
|--|-----|--|
| Hormone replacement therapy (Estrogen) | Yes | Currently / in the past? For how long? _____ |
| Raloxifene (Evista) | Yes | Currently / in the past? For how long? _____ |
| Testosterone | Yes | Currently / in the past? For how long? _____ |
| Sodium fluoride | Yes | Currently / in the past? For how long? _____ |
| Teriparatide (Forteo, PTH) | Yes | Currently / in the past? For how long? _____ |
| Calcitonin (Miacalcin, Fortical) | Yes | Currently / in the past? For how long? _____ |
| Etidronate (Didronel/Didrocal) | Yes | Currently / in the past? For how long? _____ |
| Alendronate (Fosamax) | Yes | Currently / in the past? For how long? _____ |
| Risedronate (Actonel, Atelvia) | Yes | Currently / in the past? For how long? _____ |
| Pamidronate (Aredia) | Yes | Currently / in the past? For how long? _____ |
| Ibandronate (Boniva) | Yes | Currently / in the past? For how long? _____ |
| Zoledronic acid (Zometa, Reclast) | Yes | Currently / in the past? For how long? _____ |
| Denosumab (Prolia, Xgeva) | Yes | Currently / in the past? For how long? _____ |
| Abaloparatide (Tymlos) | Yes | Currently / in the past? For how long? _____ |