Dartmouth-Hitchcock
Department of Radiology

BONE DENSITY QUESTIONNAIRE

Please complete and fax to: **(603)-640-1944**
For telephone assistance: **(603)-653-9388**

PATIENT INFORMATION

Patient Name:_____ **MRN:** _____

Sex: ☐ Female ☐ Male ☐ Transgender / Non-Conforming **Height**: _____' _____"

Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Other: _____ **Age**: _____ **Weight***: _____ lbs.

Current Medications:_____

MENOPAUSE – WOMEN ONLY

Are you post-menopausal (periods have stopped completely)? ☐ Yes ☐ No
How old were you when you had your last period? _____
Was your menopause caused by: ☐ Surgery? ☐ Chemotherapy? ☐ Radiation Therapy?

Are you pre-menopausal (still having periods)? ☐ Yes ☐ No
If yes, are your periods regular? ☐ Yes ☐ No
Is there a chance you could be pregnant? ☐ Yes ☐ No

RISK FACTORS FOR OSTEOPOROSIS – ALL

Do you drink more than three (3) units of alcohol per day? ☐ Yes ☐ No

Did either of your parents ever have a hip fracture? ☐ One ☐ Both ☐ Yes ☐ No

Have you fractured any bones as an adult? ☐ Yes ☐ No
If yes, which bone(s)? _____ When? _____

Have you ever had prior surgery on your: ☐ Hip? ☐ Spine? When? _____ ☐ Yes ☐ No

Have you ever been diagnosed with rheumatoid arthritis? ☐ Yes ☐ No

Have you ever been diagnosed with hyperparathyroidism? ☐ Yes ☐ No

Do you smoke tobacco or have you in the past? For how long? _____ years ☐ Yes ☐ No

Have you taken oral or intravenous prednisone or other oral or intravenous steroids for more than 3 months? ☐ Yes ☐ No

Have you lost more than 2 inches of height since high school? ☐ Yes ☐ No

In the last seven (7) days, have you had: ☐ X-Ray with Barium? ☐ CT Scan with Contrast? ☐ Nuclear Medicine Test?

OSTEOPOROSIS MEDICATION – ALL (Please check all the apply)

Medication	Yes	No	Duration		Comments
Fosamax (alendronate)?	☐ Yes	☐ No	☐ Currently	☐ Past	
Actonel (risedronate)?	☐ Yes	☐ No	☐ Currently	☐ Past	
Boniva (ibandronate)?	☐ Yes	☐ No	☐ Currently	☐ Past	
Reclast (zolendronic acid)?	☐ Yes	☐ No	☐ Currently	☐ Past	
Zometa (zolendronic acid)?	☐ Yes	☐ No	☐ Currently	☐ Past	
Miacalcin (calcitonin)?	☐ Yes	☐ No	☐ Currently	☐ Past	
Evista (raloxifene)?	☐ Yes	☐ No	☐ Currently	☐ Past	
Forteo (teriparatide)?	☐ Yes	☐ No	☐ Currently	☐ Past	
Prolia (denosumab)?	☐ Yes	☐ No	☐ Currently	☐ Past	