

Asheville Imaging Center

534 Biltmore Avenue Asheville, NC 28801

Phone 828-213-0800 Fax 828-213-0896

Bone Density Questionnaire

Name _____ M F Date _____

Social Security Number _____ Referring MD _____

Date of Birth _____ African-American Asian Caucasian Latino/Hispanic

Height _____ Weight _____ Native American/Indian Other

- 1. Are you left handed or right handed ? Left Right
- 2. Is there any chance that you may be pregnant ? Yes No
- 3. Did you take a calcium supplement today ? Yes No
- 4. Have you had any examinations within the past 7 days where you were given Barium, such as an UGI series (stomach x-ray) or Barium Enema? Yes No
- 5. Have you had any nuclear medicine exams (bone scan, thyroid scan, lung scan, etc) within the past 7 days ? Yes No
- 6. Have you had a bone density examination in the past ? Yes No
If yes, which facility ? _____ When ? _____
- 7. Do you have a family history of osteoporosis ? Yes No
- 8. Have you had a loss of height ? Approx. how much ? _____ Yes No
- 9. Do you have a known curvature of the spine (scoliosis) ? Yes No
- 10. Any back pain ? upper _____ lower _____ Yes No
- 11. Have you had any surgery on your lower back? Yes No
If yes, please explain _____
- 12. Have you had hip replacement surgery or fracture pinning ? Yes No
If yes, which hip was involved ? Left Right Both When ? _____
- 13. Have you had any fractures of the wrist, forearm, hip, pelvis, ribs, spine ? Yes No
If yes, please explain _____
- 14. Have you ever been on long term steroid therapy ? Yes No
If yes, for how long ? _____
- 15. Do you have parathyroid disease ? Yes No
- 16. Do you have renal osteodystrophy ? Yes No
- 17. Do you have a history of kidney dialysis ? Yes No
- 18. Have you had a kidney transplant ? Yes No
- 19. Have you had a hysterectomy with both ovaries removed ? Yes No N/A
- 20. Menopause before age 45 ? Yes No N/A
If yes, when ? _____
- 21. Are you on hormone replacement therapy ? Yes No
- 22. Are you taking any medication for osteoporosis ? Yes No
If yes, what medication are you taking ? _____ How long ? _____

Patient ID Sticker