

Bone Density History Form

Height_____ Weight_____ Age at Menopause_____ Natural Surgical

Under 50, Premenopausal, or Pediatric

No Yes

 Hormone Replacement Therapy?

 Prednisone/Steroids?

 Thyroid Hormones?

 Calcium Supplement?

 Have you been treated for Osteoporosis?

*If yes, what medication and length of use? _____

 Have you ever fractured or broken a bone?

 Have you ever had surgery on your hips or your spine?

 Have you had a procedure in the past week for which you were given barium contrast?

 History of cancer? If yes, when? _____

 Chemotherapy/Meds for treatment of breast cancer? _____

 X-ray evidence of bone loss?

 Chronic Kidney Disease?

 Family history of osteoporosis?

 Hyperparathyroidism?

 Arthritis of the spine or hips?

 Rheumatoid arthritis?

 Anorexia?

 Chronic liver disease?

 Milk/Lactose intolerant?

 Smoking History?