St.Vincent's ONE NINETEEN

BONE DENSITY MEDICAL HISTORY FORM

DATE: _____

NAME: _____ AGE: _____ DOB: _____

PHYSICIAN: _____ HT TODAY _____ HT AT AGE 20 _____ WT: _____

SIGN TO THE BEST KNOWLEDGE YOU ARE NOT PREGNANT: _____

LAST MENSTRUAL PERIOD: _____ HYSTERECTOMY☐ YES☐ NO

HORMONE REPLACEMENT THERAPY☐ YES ☐NO HOW LONG: _____

OTHER SURGERIES? _____

SMOKER? ☐YES ☐ NO☐ NEVER SMOKING HISTORY (YEARS): _____

PREVIOUS FRACTURES? _____

SCOLIOSIS?☐ YES☐ NO FAMILY HISTORY OF OSTEOPOROSIS☐YES ☐ NO IF YES WHO? _____

Medications:	Description	How Long	Dose
Hormones:			
Thyroid:			
Corticosteroids:			
Anti-Seizure:			
Chemotherapy:			
Calcium:			
Other:			

For Office Use Only

Comments or Clinical Indications:

_____

_____

_____

Technologist: _____ Dominant Leg: Right or Left