Diagnostic Center of Miami

TopLine MD Alliance

BONE DENSITY PATIENT HISTORY QUESTIONNAIRE

NAME: _____ TODAY'S DATE: _____
SEX: FEMALE ○ MALE ○ CURRENT HEIGHT (INCHES): _____
DATE OF BIRTH: _____ WEIGHT (LBS): _____
REFERRING PHYSICIAN: _____ AGE OF MENOPAUSE: _____
ETHNICITY: _____

1. HAVE YOU HAD A PREVIOUS HIP OR VERTEBRAL FRACTURE? YES ◯ NO ◯
2. HAVE YOU HAD ANY FRACTURES DURING YOUR ADULT LIFE, WHICH DID NOT RESULT FROM SIGNIFICANT TRAUMA? YES ◯ NO ◯
3. DID EITHER OF YOUR PARENTS EVER HAVE A HIP FRACTURE? YES ◯ NO ◯
4. DO YOU CURRENTLY SMOKE? YES ◯ NO ◯
5. HAVE YOU EVER TAKEN PREDNISOLONE OR ANY OTHER STEROIDS? YES ◯ NO ◯
6. HAVE YOU EVER BEEN DIAGNOSED WITH RHEUMATOID ARTHRITIS? YES ◯ NO ◯
7. DO YOU HAVE SECONDARY OSTEOPOROSIS? (EXAMPLE: LIVER DISEASE, DIABETES, EARLY MENOPAUSE) YES ◯ NO ◯
8. DO YOU DRINK THREE OR MORE ALCOHOLIC DRINKS PER DAY? YES ◯ NO ◯
9. ARE YOU CURRENTLY BEING TREATED FOR OSTEOPOROSIS? YES ◯ NO ◯

10. HAVE YOU EVER TAKEN ANY OF THE FOLLOWING MEDICATIONS?

- ◯ ACTONEL (i.e. RISEDRONATE)
- ◯ EVISTA (i.e. RALOXIFENE)
- ◯ FOSAMAX (i.e. ALENDRONATE)
- ◯ MIACALCIN (i.e. CALCITONIN)
- ◯ RECLAST (i.e. ZOLEDRONATE)
- ◯ VITAMIN D
- ◯ BONIVA (i.e. IBANDRONATE)
- ◯ FORTEO (i.e. PARATHYROID HORMONE)
- ◯ HRT (i.e. ESTROGEN/HORMONE THERAPY)
- ◯ PROTELOS (i.e. STRONTIUM RANELATE)
- ◯ PROLIA (i.e. DENOSUMAB)
- ◯ CALCIUM

11. **LIST ALL MEDICATIONS CURRENTLY TAKING:** _____
_____
_____

12. DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?

- ◯ ANOREXIA OR BULIMIA
- ◯ ASTHMA OR EMPHYSEMA
- ◯ END STAGE RENAL DISEASE
- ◯ HYPERPARATHYROIDISM
- ◯ ANY SEIZURE DISORDERS
- ◯ CANCER
- ◯ INFLAMMATORY BOWEL DISEASES
- ◯ HYSTERECTOMY

LIST ANY MEDICAL CONDITIONS THAT ARE NOT LISTED: _____

13. WHAT WAS YOUR MAXIMUM HEIGHT IN INCHES? _____
14. DO YOU PERFORM WEIGHT BEARING EXERCISE REGULARY? YES ◯ NO ◯
15. DO YOU REGULARLY CONSUME DAIRY PRODUCTS? YES ◯ NO ◯
16. DO YOU DRINK CAFFEINATED BEVERAGES? YES ◯ NO ◯

<u>IF YOU ARE A WOMAN</u>:

17. AT WHAT AGE DID YOUR MENSTRUATION BEGIN? _____
18. ARE YOU PREMENOPAUSAL? YES ◯ NO ◯
19. HOW MANY FULL TERM PREGNANCIES HAVE YOU HAD? _____
20. WHEN YOU HAD YOUR MENSTRUATION NORMALLY, DID YOU EVER MISS IT FOR MORE THAN 6 MONTHS IN A ROW? (NOT INCLUDING PREGNANCIES OR MENOPAUSE) YES ◯ NO ◯

21 **TO THE BEST OF MY KNOWLEDGE, I AM NOT CURRENTLY PREGNANT.** **SIGNATURE**: _____