DR LOUELLA RITZ

The Bone & Breast Care Centre

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DIAGNOSTIC RADIOLOGIST

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PATIENT HISTORY QUESTIONNAIRE FOR BONE DENSITY

Please fill in the required information and tick the relevant boxes.

Name: _____ **Today's Date:** _____

Patient ID: _____ **Sex:** ☐ F ☐ M

Date of Birth: _____ **Referring Physician:** _____

At what age did you become menopausal? _____

1. Have you had a previous hip or vertebral fracture? 1. ☐ Yes ☐ No
1a Have you had a hip replacement? 1a ☐ Yes ☐ No
2. Have you had any fractures during your adult life? 2. ☐ Yes ☐ No
3. Did either of your parents ever have a hip fracture? 3. ☐ Yes ☐ No
4. Do you smoke? 4. ☐ Yes ☐ No
5. Have you ever taken Cortisone for more than 3 months? 5. ☐ Yes ☐ No
6. Do you have rheumatoid arthritis? 6. ☐ Yes ☐ No
7. Do you have secondary osteoporosis as a result of menopause/medication/a medical condition? 7. ☐ Yes ☐ No
8. Do you drink 3 or more alcoholic drinks per day? 8. ☐ Yes ☐ No
9. Are you being treated for osteoporosis? 9. ☐ Yes ☐ No
10. Have you ever taken any of the following medications:

☐ Actonel (i.e. risedronate)
☐ Evista (i.e. raloxifene)
☐ Fosamax/Fosavance (i.e. alendronate)
☐ Protos (i.e. strontium ranelate)
☐ Vitamin D
☐ Other - Please specify _____
☐ Boniva (i.e. ibandronate)
☐ Forteo (i.e. parathyroid hormone)
☐ HRT (i.e estrogen/hormone therapy)
☐ Aclasta (i.e. zoledronate)
☐ Calcium

11. Do you have any of the following medical conditions:

☐ Anorexia or Bulimia
☐ Asthma or Emphysema
☐ End stage renal disease
☐ Hyperparathyroidism
☐ Other - Please specify _____
☐ Any Seizure Disorders
☐ Cancer
☐ Inflammatory bowel diseases
☐ Hysterectomy

12. Do you perform weight bearing exercise regularly (eg. walk 1½ hours a week)? 12. ☐ Yes ☐ No
13. Do you consume dairy products regularly? 13. ☐ Yes ☐ No
14. Do you drink caffeinated beverages? 14. ☐ Yes ☐ No

If female:

15. At what age did your period start? 15. _____
16. Are you perimenopausal (i.e. menstruating intermittently)? 16. ☐ Yes ☐ No
17. How many full term pregnancies have you had? 17. _____
18. Have you ever missed your period for more than 6 months in a row (not including pregnancy or menopause)? 18. ☐ Yes ☐ No

FOR RADIOGRAPHER USE ONLY:

Date:														
Height:														cm
Weight:														kg