



Bone Density Evaluation Form

Name: _____ Date: _____

Date of Birth: _____ Height: _____ Weight _____

Black ___ White ___ Hispanic ___ Asian ___ other ___

Female ___ Male ___

Age of menopause: _____

Previous Bone Density Test? _____ If yes, where _____ when _____

Have you taken calcium or Vitamin D today? _____

Check all that apply:

___ Barium Study, CT Scan or Nuclear Medicine Bone Scan in past 7 days

___ Previous hip replacement or back surgery with pins, screws, metal, etc.

Reason For Exam:

___ Post-menopausal

___ Hysterectomy or early menopause (<age45)

___ Previous fracture, of what _____

___ Family history of osteoporosis

___ Routine Screening

___ Other

Regular use of medications:

___ Steroids

___ Thyroid medicine

___ Anti-convulsants

Patient Signature _____ Technologist _____