

Women Gynecology & Childbirth Associates, P.C.

DEXASCAN

Date \_\_\_\_\_
Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_
Ob/Gyn \_\_\_\_\_ Height \_\_\_\_\_
General Medical Doctor \_\_\_\_\_ Weight \_\_\_\_\_
Medical Doctor's Address \_\_\_\_\_ Race \_\_\_\_\_
Have you had a previous bone density test? yes / no If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Are you now...

Pregnant? \_\_yes \_\_no Using a walker or cane? \_\_yes \_\_no
Having periods? \_\_yes \_\_no Having trouble with vision? \_\_yes \_\_no
If yes, date of last period \_\_\_\_\_ Exercising regularly? \_\_yes \_\_no
If no, age when periods stopped \_\_\_\_\_ How often? \_\_\_\_\_
What type? \_\_\_\_\_

Have you ever had or currently have:

Loss of height? \_\_yes \_\_no Scoliosis? \_\_yes \_\_no
Previous fracture not related to significant trauma? \_\_yes \_\_no Spine surgery or FX? \_\_yes \_\_no
Parent with hip or vertebral fracture? \_\_yes \_\_no Hip replacement or FX? \_\_yes \_\_no
Family history of osteoporosis? \_\_yes \_\_no If yes, which side right / left / both
Smoker? \_\_yes \_\_no Pelvic Fracture \_\_yes \_\_no
Rheumatoid arthritis? \_\_yes \_\_no
Alcohol intake, 3 or more drinks daily? \_\_yes \_\_no
Steroids: Currently? type \_\_\_\_\_ dose \_\_\_\_\_ duration \_\_\_\_\_ Surgical removal of ovaries? \_\_yes \_\_no
In the past? type \_\_\_\_\_ dose \_\_\_\_\_ duration \_\_\_\_\_ At what age? \_\_\_\_\_
Absence of periods before menopause when not pregnant? \_\_yes \_\_no
If yes, how long? \_\_\_\_\_

Risk secondary osteoporosis:

Diabetes \_\_yes \_\_no
Thyroid or Parathyroid, abnormal \_\_yes \_\_no
Premature menopause <45 years old \_\_yes \_\_no

Malabsorption :

Celiac \_\_yes \_\_no
Lactose intolerance \_\_yes \_\_no
Crohn's \_\_yes \_\_no
Liver disease \_\_yes \_\_no
Kidney disease \_\_yes \_\_no
Anorexia/bulimia \_\_yes \_\_no
Reflux or GERD \_\_yes \_\_no

How many units of VitD daily \_\_\_\_\_
How many mg of Calcium daily \_\_\_\_\_
How many servings of dairy each day \_\_\_\_\_
Take multivitamin \_\_\_\_\_

Medication/Dates Taken:

Hormone Replacement Therapy \_\_\_\_\_ to \_\_\_\_\_
Estrogen \_\_\_\_\_ to \_\_\_\_\_
Evista \_\_\_\_\_ to \_\_\_\_\_
Depo-Provera \_\_\_\_\_ to \_\_\_\_\_
Miacalcin \_\_\_\_\_ to \_\_\_\_\_
Fosamax \_\_\_\_\_ to \_\_\_\_\_
Actonel \_\_\_\_\_ to \_\_\_\_\_
Boniva \_\_\_\_\_ to \_\_\_\_\_
Forteo \_\_\_\_\_ to \_\_\_\_\_
Reclast \_\_\_\_\_ to \_\_\_\_\_
Tamoxifen or other treatment for Breast Cancer \_\_\_\_\_

Dear Patient:

Thank you for completing this form. This allows us to better interpret your Dexa results and help determine which therapies may be best for you.

In order to prepare for your bone density examination, please empty your pockets and remove any belts or metal objects.

**If there is a possibility that you may be pregnant, please notify us before your Dexascan.**

DISCLAIMER: This Dexa image cannot be used for the diagnosis of causes of osteoporosis or osteopenia. Therefore, The Women Gynecology & Childbirth Associates, P.C., cannot be held accountable for other diagnoses.

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Patient Signature

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Date