Capital Imaging ASSOCIATES

DXA SCAN QUESTIONNAIRE

Name: _____ Date:_____

DOB: _____ Weight: _____ Height: _____

Ancestry: ❒ **ASIAN** ❒ **AFRICAN-AMERICAN** ❒ **CAUCASIAN** ❒ **HISPANIC** ❒ **OTHER**

Have you ever had a DXA Scan? if so, where and when _____	❒ YES	❒ NO
Have either one of your parents suffered a Hip Fracture?	❒ YES	❒ NO
Have you in your adult life ever suffered a Hip or Wrist fracture from a minor fall/injury?	❒ YES	❒ NO
Have you ever suffered a Vertebral Compression Fracture?	❒ YES	❒ NO
Have you had Hip replacement or lower back surgery?	❒ YES	❒ NO
Have you ever been diagnosed with any of the following? *Type 1 Diabetes, Hyperthyroidism, Chronic Liver Disease, Hypogonadism, Malnutrition/Malabsorption*	❒ YES	❒ NO
Has a Doctor or Nurse ever diagnosed you with **Rheumatoid Arthritis (RA) ?**	❒ YES	❒ NO
Have you taken **Glucocorticoids** (steroids) by mouth for longer than **3 months**? (ex. Prednisone)	❒ YES	❒ NO
Are you a current Tobacco smoker?	❒ YES	❒ NO
Do you consume 3 or more alcoholic drinks a day?	❒ YES	❒ NO
Female Patients Continue		
Have you gone through Menopause?	❒ YES ❒ NO	If so, at what age? _____

Thank You!

Patient on osteo treatment:

❒ Miacalcin ❒ Fosamax ❒ Evista

Comments: _____

_____

Tech Initials: _____