

Hunterdon Radiological Associates, P.A.

Diagnostic Radiology

P.O. Box 5388 ♦ Clinton, NJ 08809 ♦ (908) 237-5395 ♦ Fax: (908) 782-4397 ♦

Bone Density Patient Questionnaire

Name: _____ Age: _____ Sex: _____ Race: _____

Height: _____ Weight: _____

Date: _____ Dominance: Rt. Handed/ Lt. Handed Referring MD: _____

Pre-Menopausal Post-Menopausal Date of LMP: _____ Age at Menopause: _____

Prescription Medications: _____

Hormones: _____

Calcium/Multi-vitamin: _____ When last taken: _____

Smoker Yes No How long: _____

Loss of Height: Yes No Number of inches: _____

Personal History of Osteoporosis: Yes No

Family History of Osteoporosis: Yes No Who: _____

Medical Disease(s): Yes No

Describe: _____

Fracture(s): Yes No

Traumatic Non-Traumatic Site: _____ When: _____

Traumatic Non-Traumatic Site: _____ When: _____

Other Pertinent (Past or Present) History:

Back or hip surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hysterectomy/ Oophorectomy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Thyroid Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Abdominal Surgical Clip	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parathyroid Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prosthetic Device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nuclear Exam Past 1-2 Weeks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scoliosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Barium Enema Past 1-2 Weeks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IVP/CT in last 24 Hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anorexia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Comments: _____