

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.

Patient Signature

Date