

Cypress Women's  Imaging

DENSITOMETRY HISTORY SHEET

Date _____ DR. _____ Cypress East or Hillside

LABEL Height _____ Weight _____
Your Race _____

(Circle or Fill in correct answer)

Have you been diagnosed with osteoporosis or osteopenia? Yes or No

Have you ever been tested for osteoporosis? Yes or No If yes, what type of test? (Dexa, Heel, Cat Scan, X-ray) When? _____ Where? _____

Has a parent or sibling ever had osteoporosis? Yes or No Who? _____

Do you ever have back pain? Yes or No
Mild or Severe Dull or Sharp Intermittent or Constant

Are you: Still having periods, Peri-Menopausal or Post-Menopausal?
Last period? _____ Have you ever had a hysterectomy? Yes or No Year? _____

Have you had your ovaries removed? Yes or No

Are you taking hormones? Yes or No How Long? _____

Are you, or have you taken cortisone, prednisone or other steroids for lung conditions or other reasons? Yes or No How Long? _____

Are you taking any medications or supplements for bone health? Yes or No
What type? _____ Dosage? _____ How Long? _____

Do you have hyperparathyroidism or high calcium levels in your blood? Yes or No

Exercise regularly? Yes or No

Have you ever had any fractures as an adult? Yes or No
Please Describe: _____

Do you have a history of cancer? Yes or No What type? _____

Do you have a history of back or hip surgery? Yes or No
Please describe: _____

Do you have a history of a chronic bone disease? Yes or No

Have you had any barium studies within the last two weeks? Yes or No