

# DXA History Form

Print Name : \_\_\_\_\_ Age : \_\_\_\_\_ Birth Date : \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Previous DXA Scan?  No  Yes If Yes, When: \_\_\_\_\_ Where: \_\_\_\_\_  
Are you right or left handed?  Right  Left **Ethnicity:**  Caucasian  African-American  Hispanic  Asian

## **PLEASE CHECK ANY MEDICATIONS YOU ARE CURRENTLY TAKING:**

ACTONEL (Risedronate)  ARELIA (Intravenous Pamidronate)  ARIMIDEX (Anastrozole)  BONIVA (Ibandronate)  
 EVISTA (Raloxifene)  FORTEO or PTH (Teriparatide)  FOSAMAX (Alendronate)  MIACALCIN (Calcitonin)  
 PROLIA (Denosumab)  RECLAST (Intravenous Zoledronic acid)  OTHER (Bone Density Medications Only) \_\_\_\_\_

## **PLEASE CHECK IF YOU HAVE EVER TAKEN:**

STEROID MEDICATION STRENGTH(mg) : \_\_\_\_\_ LENGTH OF TIME (months/years) : \_\_\_\_\_

## **Check all that apply:**

SPINAL FRACTURE Date: \_\_\_\_\_ Describe \_\_\_\_\_  
 SPINAL SURGERY Date: \_\_\_\_\_ Describe \_\_\_\_\_  
 HIP FRACTURE Date: \_\_\_\_\_ Describe \_\_\_\_\_  
 HIP SURGERY Date: \_\_\_\_\_ Describe \_\_\_\_\_

## **Female Patients:**

Are you pregnant or possibly pregnant?  Yes  No  
 Premenopausal, last menstrual period \_\_\_\_\_  
 Current menopausal symptoms \_\_\_\_\_  
 Postmenopausal, age of onset \_\_\_\_\_  
 Hysterectomy Date: \_\_\_\_\_  
 Ovaries removed?  None  One  Both Date: \_\_\_\_\_

\_\_\_\_\_  
Patient/ Legally Authorized Person Signature Print Name Title (Self, Nurse, Caregiver, etc...) Date Time

\_\_\_\_\_  
OR  Phone  
Qualified Staff / Interpreter Signature (Check) Print Qualified Staff / Interpreter Name ID Number Language Interpreted

## **Technologist Only below this line**

### **FRAX** (Ask patient the following questions, check all boxes that apply)

(Age 40 - 90)  Have you had a spontaneous fracture between ages 40-90? Describe: \_\_\_\_\_  
 Has your mom or dad had a fractured hip?  
 Are you a current smoker?  
 Do you drink 3 or more alcoholic beverages per day?  
 Do you have Rheumatoid Arthritis?  
 Have you taken oral steroids (5mg) for 3 consecutive months any time in your life?

**Secondary Osteoporosis:**  Do you have Diabetes Type I (insulin dependent)?  
 Do you have Hyperthyroidism?  
 Do you have chronic liver disease?  
 Do you have Crohn disease or other malabsorption conditions?  
 Did you start menopause before age 45?

BASELINE DXA  FIRST DXA AT FH  FOLLOW-UP DXA (Comparison Included):  
 PREMENOPAUSAL  PERIMENOPAUSAL  POSTMENOPAUSAL

\_\_\_\_\_  
Technologist Authentication

\_\_\_\_\_  
OPID

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



Patient Label or

MRN \_\_\_\_\_