

Gunn Towbin Center

www.gunncenter.com

Bone Density Scan Questionnaire

* It is important that you bring this questionnaire to your exam

Name: _____ Birth Date: _____ Age: _____

Height: _____ Weight: _____

Ethnic Origin:

- Caucasian Asian Hispanic
 African-American Other

Previous Fractures: (Circle) Yes No If Yes, What part of your body: _____
When did it occur: _____

Current Medications:

- Actonel
 Fosamax
 Boniva
 Reclast

Hormones:

- Birth Control – Name: _____
 HRT (Estrogen/Progesterone)
 Evista
 Parathyroid Hormone

Supplements/Other:

- Calcium Dose: _____
 Vitamin D Dose: _____
 Thyroid
 Thiazide Diuretic

Risk Factor Assessment:

- Age over 50
 Family History of Osteoporosis or hip fracture
 Currently a Smoker
 Weigh less than 127 pounds
 Lactose Intolerant
 Inadequate Calcium Intake
 Inadequate Physical Activity
 History of Steroid Use (> 6 months)
 Alcoholism

