Reston Radiology Consultants

DEXA SCAN – PATIENT HISTORY

Patient Name: _____ Age: _____ Date: _____

Weight: _____lbs. Height: _____ft. _____in. Ethnicity/Race: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:

1. Are you or do you suspect that you are pregnant? Yes No

2. Have you had a CT or x-ray exam using barium in the past seven days? Yes No

3. Have you had a DEXA scan in the past? Yes No
   If yes, when _____ where _____

4. Have you gone through menopause?
   _____ No My most recent menstrual period was: _____
   _____ Yes My menstrual periods stopped at age _____ because of:
   _____ a) Natural menopause.
   _____ b) Hysterectomy, oophorectomy (surgically induced).
   _____ c) Periods did not stop, because I began taking hormones.
   _____ Maybe My last menstrual period was on: _____

5. Are you taking hormones? (including Tamoxifen) Yes No
   Type _____ How long _____

6. Are you or have you taken steroids for a period of at least 3 months? Yes No
   Type _____ How long _____

7. Are you taking any medicine for osteoporosis, e.g. Calcium Supplements, Vitamin-DSupplements, Fosamax, Actonel, Boniva, other? Yes No
   Type _____ How long _____

8. Do you have a family history of osteoporosis? Yes No
   Which family member _____

FRAX Criteria Questions (Please circle Y/N): -- WHO* Fracture Risk Assessment						
Have you had a prior fracture?	Yes	No		Do you have Rheumatoid Arthritis?	Yes	No
Did your parent fracture a hip?	Yes	No		Have you taken Steroids for more than 3 months?	Yes	No
Do you smoke?	Yes	No		Do you have 3 or more alcoholic drinks/day?	Yes	No

*WHO = (World Health Organization) Fracture Risk Assessment