

# Bone Density Assessment

## for Females



Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ (AM/PM) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Race:  African-American  Asian  Caucasian  Hispanic  Native American  Other

Reason for Test: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Yes | No

- Have you had a previous bone density exam?
- Have you had hip surgery?
- Have you had lumbar spine surgery?
- Since the age of 20, have you broken a bone?  
If yes, what have you broken? \_\_\_\_\_
- Do you have a family history of osteoporosis?  
What relation to you? \_\_\_\_\_
- Has anyone in your family had a hip fracture as an older adult?
- Have you had a hysterectomy?  
If yes, when? \_\_\_\_\_
- Do your ovaries remain?  
Approximately what age did you begin menopause? \_\_\_\_\_
- Do you smoke cigarettes?
- Have you smoked in the past?  
When did you quit? \_\_\_\_\_
- Do you drink alcohol?  
If yes, how many drinks daily? \_\_\_\_\_

### Medications (check all that apply)

- Calcium/Vitamin D  
\_\_\_\_\_mg \_\_\_\_\_times/day
- Multi-vitamin
- Female hormones
- Fosamax
- Actonel
- Boniva
- Evista
- Miacalcin nose spray
- Reclast infusion
- Prednisone
- Seizure medication
- Thyroid medication
- Inhaled steroids

### Additional medical history (check all that apply)

- Breast cancer
- Uterine cancer
- Rheumatoid arthritis
- Thyroid disease
- Kidney stones
- Dialysis

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