## **ARTHRITIS & SPORTS**

## Orthopaedics • Physical Therapy • Wellness

## **DEXA SCAN – PATIENT HISTORY**

Date of Birth:       Age:       Sex:       Ethnicity/Race:         Insurance:      ** CareFirst Insurance May Not Cover Your Dexa **         PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:         1. Are you, or is there a possibility, that you are pregnant?       Yes       No         2. Have you had any exam using barium in the past seven days?       Yes       No         3. Have you ever had a Dexa scan / bone density test?       Yes       No         1. Have you taken calcium supplements in the past two days?       Yes       No         5. Do you have a family history of osteoporosis?       Yes       No         6. Are you taking any medications for osteoporosis?       Yes       No         1f yes: Name	Patient	Name:	Date:					
PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:         1. Are you, or is there a possibility, that you are pregnant?       Yes       No         2. Have you had any exam using barium in the past seven days?       Yes       No         3. Have you ever had a Dexa scan / bone density test?       Yes       No         1f yes: WhenWhere	Date of Birth:		Age:	Sex:	Ethnicity/	Ethnicity/Race:		
1. Are you, or is there a possibility, that you are pregnant?       Yes       No         2. Have you had any exam using barium in the past seven days?       Yes       No         3. Have you ever had a Dexa scan / bone density test?       Yes       No         If yes: WhenWhere	Insurance: ** CareFirst Insurance May Not Co					Cover Your D	exa **	
2. Have you had any exam using barium in the past seven days?       Yes       No         3. Have you ever had a Dexa scan / bone density test?       Yes       No         If yes: When Where	PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:							
3. Have you ever had a Dexa scan / bone density test?       Yes       No         If yes: WhenWhere	1. Are you, or is there a possibility, that you are pregnant?						No	
If yes: WhenWhere	2. Have you had any exam using barium in the past seven days?						No	
4. Have you taken calcium supplements in the past two days?       Yes       No         5. Do you have a family history of osteoporosis?       Yes       No         6. Are you taking any medications for osteoporosis?       Yes       No         fl yes: Name	3. Have you ever had a Dexa scan / bone density test?						No	
5. Do you have a family history of osteoporosis?       Yes       No         6. Are you taking any medications for osteoporosis?       Yes       No         If yes: Name How long	If yes: When Where							
6. Are you taking any medications for osteoporosis?       Yes       No         If yes: NameHow long	4. Have you taken calcium supplements in the past two days?						No	
If yes: Name How long	5. Do you have a family history of osteoporosis?						No	
7. Have you ever broken a bone? (if yes, explain below)       Yes       No         What bone?       How did it break?       Year/Age	6. Are you taking any medications for osteoporosis?					Yes	No	
What bone?       How did it break?       Year/Age         Image: Second structure       Image: Second structure       Image: Second structure         8. Have you ever had surgery of the spine, hips, legs or arms? (if yes, explain below)       Yes       No         Image: Type of surgery       Side (L/R)       Year/Age       Image: Year/Age         Image: Type of surgery       Side (L/R)       Year/Age       Image: Year/Age         Image: Side year       Image: Year/Age       Image: Year/Age       Image: Year/Age         Image: Side year       Side (L/R)       Year/Age       Image: Year/Age         Image: Side year       Image: Year/Age       Image: Year/Age       Image: Year/Age         Image: Side year       Side (L/R)       Year/Age       Image: Year/Age       Image: Year/Age         Image: Year       Side (L/R)       Year/Age       Image: Year/Age       Image: Year/Age       Image: Year/Age         Image: Year       Side (L/R)       Year/Age       Image: Year/Age       Image: Year/Age       Image: Year/Age         Image: Year       Year/Age       Image: Year       Year/Age       Image: Year       No         If yes: When	If yes: Name How long							
Image: State of the system of the system of the spine, hips, legs or arms? (if yes, explain below)       Yes       No         Image: State of surgery       Side (L/R)       Year/Age       Yes       No         Image: State of surgery       Side (L/R)       Year/Age       Yes       No         Image: State of surgery       Side (L/R)       Year/Age       Yes       No         Image: State of surgery       Side (L/R)       Year/Age       Yes       No         Image: State of surgery       Side (L/R)       Year/Age       Yes       No         If yes: When       Image: State of the spine, hips, legs or arms? (if yes, explain below)       Yes       No         If yes: When       Image: State of the spine, hips, legs or arms? (if yes, explain below)       Yes       No         10. Have you gone through menopause?       Yes       No       No         11. Are you taking any hormones?       Yes       No         12. Would you like to have your body composition (lean vs. fat mass) measured for       Yes       No	7. Have you ever broken a bone? (if yes, explain below)						No	
Type of surgery       Side (L/R)       Year/Age		What bone?	How did it break	<pre> Year/A </pre>	ge			
Type of surgery       Side (L/R)       Year/Age								
Type of surgery       Side (L/R)       Year/Age								
Type of surgery       Side (L/R)       Year/Age								
9. Are you taking, or have you previously taken prednisone (cortisone) pills?       Yes       No         10. Have you gone through menopause?       Yes       No         11. Are you taking any hormones?       Yes       No         12. Would you like to have your body composition (lean vs. fat mass) measured for       Yes       No	8. Have you ever had surgery of the spine, hips, legs or arms? (if yes, explain below) Yes							
If yes: WhenYesNo10. Have you gone through menopause?YesNo11. Are you taking any hormones?YesNo12. Would you like to have your body composition (lean vs. fat mass) measured forYes		Type of surgery	Side (L/R)	Year/A	ge			
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11. Are you taking any hormones?YesNo12. Would you like to have your body composition (lean vs. fat mass) measured for							No	
12. Would you like to have your body composition (lean vs. fat mass) measured for								
an out of pocket fee of \$20? Please see receptionist or technologist with questions Yes No	an out of pocket fee of \$20? Please see receptionist or technologist with questions						No	