

# ARTHRITIS & SPORTS

Orthopaedics • Physical Therapy • Wellness

## DEXA SCAN – PATIENT HISTORY

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

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

If yes: When \_\_\_\_\_ Where \_\_\_\_\_

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

If yes: Name \_\_\_\_\_ How long \_\_\_\_\_

7. Have you ever broken a bone? (if yes, explain below) Yes No

What bone?	How did it break?	Year/Age

8. Have you ever had surgery of the spine, hips, legs or arms? (if yes, explain below) Yes No

Type of surgery	Side (L/R)	Year/Age

9. Are you taking, or have you previously taken prednisone (cortisone) pills? Yes No

If yes: When \_\_\_\_\_

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 an out of pocket fee of \$20? *Please see receptionist or technologist with questions* Yes No

\*\*\*\*\*

Office use only: History Reviewed \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_