

# ABERCROMBIE RADIOLOGICAL CONSULTANTS, INC.

## BONE DENSITY DATABASE

Today's Date \_\_\_\_\_

The answers you provide to the following questions will help us assess your risk for osteoporosis.

NAME \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

Present Height \_\_\_\_\_ Present Weight \_\_\_\_\_

What was your tallest height? \_\_\_\_\_

What was your age when you started menopause? \_\_\_\_\_

Please list medications you take regularly including calcium and vitamins:

- |    |    |    |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |

**Circle** TRUE or FALSE for the items below that apply to you:

|      |       |  |
|------|-------|--|
| TRUE | FALSE | I am female.   |
| TRUE | FALSE | I have passed through menopause (change of life).  |
| TRUE | FALSE | I have been treated with cortisone, prednisone, deltazone, medrol or similar drugs.<br>How long? _____ |
| TRUE | FALSE | I do not have any metal in my hip or lower back.   |

**Circle** YES or NO to the following:

|                             |    |     |
|-----------------------------|----|-----|
| Previous fracture           | NO | YES |
| Parent with fractured hip   | NO | YES |
| Current smoker              | NO | YES |
| Glucocorticoids             | NO | YES |
| Rheumatoid Arthritis        | NO | YES |
| Secondary osteoporosis      | NO | YES |
| Alcohol 3 or more units/day | NO | YES |

**Circle** your ethnic background:

|           |                 |
|-----------|-----------------|
| Caucasian | Asian           |
| Black     | Native American |
| Hispanic  |                 |

**Circle** which hand you use predominantly:

|            |           |
|------------|-----------|
| Right Hand | Left Hand |
|------------|-----------|