

BONE DENSITY PATIENT SCREENING FORM

First Name: _____ Last Name: _____ DOB: _____ Sex: _____

Height: _____ Weight: _____ Ethnicity: _____ Date of Last Bone Density exam? (if applicable) _____

Have you been treated with any of the following medications?

MEDICATION CATEGORY	MEDICATION LIST (circle all that apply)	IN THE PAST? (✓ only if it applies)	CURRENTLY? (✓ only if it applies)	HOW LONG AGO DID YOU STOP?
HORMONE REPLACEMENT THERAPY (HRT)	Estrogen Progestin			
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)	Evista (Raloxifene) Duavee (Bazedoxifene) Nolvadex/Genox/Tamifen (Tamoxifen) Fareston (Toremifene)			
BISPHOSPHONATES **(indicate if taken by pill or received by shot)	Fosamax (Alendronate) PILL or SHOT Actonel (Risedronate) Reclast/Zometa (Zoledronate) Boniva (Ibandronate) PILL or SHOT			
PARATHYROID HORMONE (PTH)	Forteo (Teriparatide) Tymlos (Abaloparatide)			
CALCITONIN	Fortical Miacalcin			
MONOCLONAL ANTIBODIES	Xgeva/Prolia (Denosumab) Evenity (Romosozumab)			

TECHNICAL FACTORS (✓ all that apply):

- Have you had a nuclear medicine procedure in the past seven days?
- Have you had an x-ray procedure in the past seven days where you received oral (barium) or IV (x-ray dye)?
- Have you had a hip replacement or surgery on your back, hip or wrist where metal rods or screws were used? What/When?

- Have you ever broken your back or hip? When/What? _____
- Has a physician ever diagnosed you with primary hyperparathyroidism?
- Right Left Are you right-handed or left-handed?

FRAX RISK FACTORS (✓ all that apply):

- Have you sustained a broken bone after the age of 50 (excluding hands, feet, facial bones or skull) from a low-impact fall (i.e. from standing height or less)? Specify details: _____
- Have you **ever** taken steroids **daily for at least 3 months** (prednisone 5mg or equivalent)?
- Do you drink 3 or more alcoholic drinks per day?
- Do you currently smoke tobacco?
- Has a physician diagnosed you with Rheumatoid Arthritis?
- Has either of your parents broken their hip?

DO YOU OR HAVE ANY OF THE FOLLOWING RISK FACTORS FOR SECONDARY OSTEOPOROSIS (check all that apply):

- Type I Diabetes
- Osteogenesis Imperfecta
- Untreated hyperthyroidism/hyperparathyroidism
- Hypogonadism
- Chronic liver disease
- Premature menopause before age 45
- Cushing's Syndrome
- End stage renal disease
- Chronic malnutrition/malabsorption

WOMEN ONLY (✓ all that apply)

- Are you still having periods?
- Have you gone through menopause? If so, at what age _____?
- Have you had a hysterectomy? If so, at what age _____?
- Have you had both of your ovaries removed? If so, at what age _____?
- Are you pregnant or is there a possibility you might be pregnant?

Signature of Person Completing Form: _____ Date: _____

Technologist: _____ Date: _____