



Summit Imaging

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BONE MINERAL DENSITOMETRY QUESTIONNAIRE

Patient Name: _____ Date: _____

Birthdate: _____ Ethnic Group: _____ Male / Female

Height: _____ Weight: _____ Referring Physician: _____

Have you:	Had a recent Nuclear Medicine or barium study?	YES	NO
	Taken a calcium supplement in the last 24 hours?	YES	NO
	Had a previous bone density study (DEXA)?	YES	NO

Check any of the following that apply to you:

_____ Surgery on back

_____ Surgery on hip R L

_____ Paget's disease

_____ Thyroid disease

_____ Parathyroid disease

_____ Family history osteoporosis

_____ Cancer (type and date) _____

_____ Broken bone as an adult (site and date) _____

Check any of the following medication that you take or have taken:

_____ Steroids - (i.e. Prednisone)

_____ Hormones - (i.e. Estrogen - Progesterone)

_____ Thyroid - (i.e. Synthroid - Levothyroxine)

_____ Osteoporosis medication - (i.e. Fosamax - Actonel - Boniva)



For Women Only

Have you:	Had a hysterectomy?	YES	NO	AGE _____
	Had your ovaries removed?	YES	NO	AGE _____
	Gone through menopause?	YES	NO	AGE _____