Patient label

MEDRAY IMAGING

OSTEOPOROSIS QUESTIONNAIRE

Does anyone in your family have osteoporosis? □ Yes □ No

If yes, who?_____

Have you broken any bones as an adult (> 40 years old)? □ Yes □ No

If yes, which one(s)?_____

Please check if you have had surgery on any of the following: □ Hip □ Back/spine □ N/A

MEDICAL HISTORY：

Please check if you have had any of the following:

□ Osteoporosis □ Thyroid Disease

□ Paget's Disease □ Cancer of _____

□ Other _____

MEDICATION：

		If yes, for how long?
Fosamax, Didronel, Didrocal, Calcimar, Actonel, Fosavance, Prolia Injection	□ No □ Yes	_____
Hormone Therapy	□ No □ Yes	_____
Thyroid Medication	□ No □ Yes	_____
Steroid Medication (e.g. Prednisone, Cortisone)	□ No □ Yes	_____
Anticonvulsants	□ No □ Yes	_____
Calcium Supplements or Antacids	□ No □ Yes	_____

REPRODUCTIVE STATUS：(women only)

Are you postmenopausal (after menopause stage)? □ Yes □ No

If yes, age when menopause began _____

Have you had your uterus/ovaries removed (hysterectomy)?

a) Uterus & ovaries □ Yes □ No

b) Uterus only □ Yes □ No

c) Ovaries only □ Yes □ No

Have you had lumbar spine (lower back) x-rays done? □ Yes □ No

If yes, where? _____

When? _____

TECHNOLOGIST'S NOTES – for office use only

Technologist's initials: _____

HT (cm) _____ WT (kg)_____ □ Tall block □ Medium block