

**DEXA SCAN - Osteoporosis Assessment**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Are you pregnant?<br>Last Menstrual period _____<br>Circle any that apply: hysterectomy menopause tubal ligation birth control        | Yes | No |
| 2. Have you ever had a bone density test before?<br>If yes, where? _____   | Yes | No |
| 3. Do you have a close family member with Osteoporosis?<br>(Example: parent, sister, brother)  | Yes | No |
| 4. Do you have any metal in your back or hips?   | Yes | No |
| 5. Have you ever had a fracture as an adult?   | Yes | No |
| 6. Have you ever had an <b>over</b> -active thyroid (hyperthyroid)?  | Yes | No |
| 7. Have you ever had an <b>under</b> -active thyroid (hypothyroid)?  | Yes | No |
| 8. Do you have a condition that requires long term use of a<br>steroid medication (Example: prednisone)?                                 | Yes | No |
| 9. Age of menopause? _____   |     |    |
| 10. Have you had a total hysterectomy (uterus <b>and</b> ovaries)?   | Yes | No |
| 11. Have you had a partial hysterectomy (removal of uterus only)?  | Yes | No |
| 12. Do you smoke?<br>If yes, how much? _____ For how long? _____   | Yes | No |
| 13. Have you had an exam with contrast in the past 2 weeks?<br>(Example: oral barium, oral contrast for CT, radioisotope injection, etc) | Yes | No |

**Are you currently taking any of the following medications? Please circle all that apply:**

- |                              |   |                              |                          |
|------------------------------|---|------------------------------|--------------------------|
| Carbatrol (Carbamazepine)    | Lyrica (Pregabalin)                       | Calcium                      | Tegretol (Carbamazepine) |
| Zonegran (Zonisamide)        | Gabitril (Tiagabine)                      | Evista                       | Neurontin (Gabapentin)   |
| Depakote (Divalproex Sodium) | Phenobarbital                             | Premarin                     | Lamictal (Lamotrigene)   |
| Trileptal (Oxcarbazepine)    | Dilantin (Phenytoin)                      | Forteo                       | Keppra (Levetiracetam)   |
| Topamax (Topiramate)         | Vitamin D                                 | Depo Provera                 |                          |
| Estrogen Replacement Therapy | Zometa                                    | Climara Thiazide             |                          |
| Fosamax/Boniva/Actonel       | Miacalcin                                 | Didronel Coumadin (Warfarin) |                          |
| Depakene (Valproic Acid)     | Anti-seizure medications (Dilantin, etc.) |                              |                          |

**[ ] I AM NOT PREGNANT**

*To the best of my knowledge, I am not pregnant; nor do I have reason to believe that I may be pregnant. I understand that I am about to receive radiation to my body which may be harmful to the fetus if I am pregnant.*

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date/Time

