

## DXA SCAN MEDICAL HISTORY

- Name: \_\_\_\_\_
- D.O.B: \_\_\_\_\_
- Age: \_\_\_\_\_
- Height: \_\_\_\_\_
- Weight: \_\_\_\_\_
- Gender (circle): Male    Female    Menopause Age: \_\_\_\_\_
- Ethnicity (circle): White    Hispanic    Black    Asian

**Have you ever had any broken/fractured bones as an adult (circle)?**    Yes    No

Bone broken/fractured	Side (Right or Left)	Simple fall? If not, please describe	Age, when this occurred

**Have you ever had any surgery to your spine, hips, or forearm (circle)?**    Yes    No    :If yes, where and when:

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**Please mark, if you have been diagnosed with any of the following conditions:**

√	√
Absorption problems of eating disorders (i.e. part of stomach/bowel removed, bowel disease, gastric bypass)	Alcohol (3 or more units per day)
Asthma	Breast Cancer
COPD	Diabetes
Graves' Disease	Heart Disease
Hip Replacement(s)    Right or Left	Hyperparathyroidism
Hyperthyroidism (over-active thyroid)	Hypothyroidism (under-active thyroid)
Hysterectomy (complete or partial)	Lactose Intolerant
Lupus	Kidney Disease
Long-term immobilization (3+ months)	Low Testosterone
Organ Transplant	Osteoarthritis
Paralysis (complete or partial)	Prostate Cancer : If yes, Date:
Psoriatic arthritis	Rheumatoid arthritis
Smoker (current)	

Please mark any routinely taken supplements or medications:

√	Calcium (not taken within past 24 hours)	√	Adult multivitamins (not taken within past 24 hours)
	Vitamin D		Synthroid or other thyroid medications

√	<b>Osteoporosis prescription</b> (Current/Past and Duration)	√	
	Evista (Raloxifane)		Fosamax (Alendronate)
	Actonel (Risedronate)		Boniva (Ibandronate)
	ReClast (Zolendronic Acid)		Zometa IV
	Prolia (Denosumab)		Forteo (Teriparatide)
	Atelvia		Calcitonin (Miacalcin)
	Hormone Replacement therapy (Estrogen)		Evenity (Romosozomab)
	Tylmos (abaloparatide)		

Do you exercise at least three times a week (circle)?    Yes    No

#### FRAX– 10 Year Risk Assessment

Please answer the following questions (circle):

- |  |     |    |
|--|-----|----|
| • Are you <u>pre</u> menopausal (had a period within last year or breast feeding)? | Yes | No |
| • Do you drink 3 or more alcohol units per day?                                    | Yes | No |
| • Have either of your parents fractured (broken) their hip as an adult?            | Yes | No |
| • Long term use of steroids, 3+months (excluding dose-packs)?                      | Yes | No |
| • Have you had a previous hip or vertebral body (compression) fracture?            | Yes | No |
| • Have you ever fractured (broken) a bone as an adult?                             | Yes | No |
| • Have you been diagnosed with Rheumatoid Arthritis?                               | Yes | No |
| • Are you a current tobacco user?  | Yes | No |
| • Are you currently on a prescription for osteoporosis?                            | Yes | No |

#### This section to be filled out by the Technologist

Do any of the following FRAX exclusions apply?

- |  |     |    |
|--|-----|----|
| • Hip BMD normal, Osteoporosis, Premenopausal, RX therapy          | Yes | No |
| • Not between ages of 40-90, Bilateral hips not available for scan | Yes | No |
| • If <u>no</u> , please calculate a FRAX for this patient. _____   |     |    |

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