



**CHESAPEAKE MEDICAL IMAGING**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Before performing your DEXA exam today please answer the following questions to the best of your ability.

- Yes  No Have you had a previous hip or vertebral surgery?  
If yes,  Right  Left  Both  Vertebral
- Yes  No Have you had any fractures as an adult?
- Yes  No Did either of your parents ever have a hip fracture?
- Yes  No Do you smoke?
- Yes  No Have you ever taken Glucocorticoids (steroids) for 3 months or more?
- Yes  No Do you have rheumatoid arthritis?
- Yes  No Do you drink 3 or more alcoholic drinks per day?
- Yes  No Are you being treated for Osteoporosis or Osteopenia?
- Yes  No Have you had oral (barium) contrast or an injection of contrast/dye in the last two weeks?
- Yes  No Have you taken any calcium supplements such as Caltrate or Tums?

**Please mark if you have any of the following medical conditions below:**

- |  |  |
|--|--|
| <input type="checkbox"/> Hyperthyroid        | <input type="checkbox"/> Cancer              |
| <input type="checkbox"/> Hypothyroid         | <input type="checkbox"/> Organ Transplant    |
| <input type="checkbox"/> Hyperparathyroidism | <input type="checkbox"/> Hashimoto's Disease |
| <input type="checkbox"/> Diabetic            | <input type="checkbox"/> Crohn's Disease     |

**If you are a female please answer the following:**

At what age did you start your period? \_\_\_\_\_

Last menstrual period? \_\_\_\_\_

- Yes  No Are you postmenopausal?