

BONE DENSITY INSTRUCTION FORM

INSTRUCTIONS: ON THE DAY OF YOUR BONE DENSITY SCAN, PLEASE DRESS IN COMFORTABLE CLOTHING THAT CONTAINS NO METAL BUTTONS, CLIPS OR ZIPPERS. **DO NOT TAKE CALCIUM ON DAY OF APPOINTMENT.**

NAME _____ DATE _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

GENDER (check one) MALE FEMALE

ETHNICITY (check one) WHITE BLACK HISPANIC ASIAN OTHER _____

DATE OR AGE AT LAST MENSTRUAL PERIOD _____

HAVE YOU HAD A HYSTERECTOMY? (check one) YES NO

If YES, what year? _____ (check one) COMPLETE PARTIAL

HAVE YOU HAD THIS EXAMINATION BEFORE? (check one) YES NO

If YES: Where? _____ Date of exam? _____

HAVE YOU HAD A HIP, LOWER BACK OR UPPER LEG SURGERY INVOLVING METAL? (check one)
 YES NO

If yes, which hip/leg was it performed on? RIGHT LEFT BOTH

HAVE YOU HAD ANY EXAMS WITHIN THE LAST 10 DAYS WHERE YOU WERE INJECTED OR INGESTED A CONTRAST MATERIAL (for example barium)? (check one) YES NO

HAVE YOU HAD ANY FRACTURE INVOLVING THE HIPS, BACK OR FOREARMS? (check one)
 YES NO

DO YOU HAVE A FAMILY HISTORY OF OSTEOPOROSIS? (check one) YES NO

DO YOU TAKE CALCIUM SUPPLEMENTS? THIS INCLUDES TUMS. (check one) YES NO

I HAVE READ AND FILLED OUT THE ABOVE INFORMATION AND DO GIVE MY CONSENT TO HAVE THE BONE DENSITY SCAN PERFORMED.

PATIENT SIGNATURE _____ DATE _____

TECHNOLOGIST SIGNATURE _____ DATE _____