

BONE DENSITY WORKSHEET

Patient name

Date of birth

Have you ever had a bone density before? yes no
If yes, when and where?

Ethnicity: White Black Hispanic Asian

Height: _____

Weight: _____

Age at menopause: _____

- yes no Have you ever fractured or have you had surgery on your hip?
- yes no Have you ever fractured or have you had surgery on your spine?
- yes no Do you take thyroid medication?
- yes no Do you take or have you taken prednisone or steroids?
- yes no Do you have a family history of osteoporosis?
- yes no Do you have a vitamin D deficiency?
- yes no Do you have symptoms of menopause: tiredness, hot flashes, mood swings, or night sweats?
- yes no Are you on hormone replacement therapy?
- yes no Are you being treated for osteoporosis?
- yes no Have you used or do you use tobacco products?
- yes no Have you had any height loss?

Signature of patient

Date