RADIOLOGY of INDIANA

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:

_____

_____

_____

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 <u>routinely</u> 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

√		√	
	Osteoporosis prescription (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)
	Tymlos (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

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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:_____