

Hudson Valley Diagnostic Imaging P.C.

CT, Ultrasound, X-ray, Bone Densitometry and Mammography

Andrew Lewis M.D. Radiologist

Bone Densitometry Patient History

Last Name: _____ First Name: _____

Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Age: _____ Sex: M F

Ref. Physician: _____ Height: _____ Weight: _____

Race:

African American: _____ Asian: _____ Caucasian _____

Native American: _____ Other: _____

Have you ever had a bone density study? Yes: _____ No: _____

Have you had a recent GI or Barium Enema exam? Yes: _____ No: _____

Have you had a recent nuclear medicine I131 treatment? Yes: _____ No: _____

Have you fractured any bones in your adult life? Yes: _____ No: _____

History of compression fracture of your spine? Yes: _____ No: _____

Do you have back or bone pain? Yes: _____ No: _____

Have you had any hip surgery? Yes: _____ No: _____

Do you have a history of arthritis? Rheumatoid: _____ Yes: _____ No: _____

Do you have a family history of osteoporosis? Yes: _____ No: _____

Do you have curvature of your spine? Yes: _____ No: _____

Do you smoke or have you smoked in the past? Yes: _____ No: _____

Have you consumed three or more servings per day of dairy products every day throughout most of your life? Yes: _____ No: _____

Do you take a calcium supplement daily? Yes: _____ No: _____

If yes, how much? 0-500 mg/day _____ 500-1000 mg/day _____ 1000+ mg/day _____

Do you exercise at least three times per week? Yes: _____ No: _____

Medication: Prednisone / other steroids _____

Thyroid hormone _____

Estrogen / Female hormones _____

Anti-convulsants (for seizures or epilepsy) _____

Other history: _____

The following questions are for **WOMEN** ONLY:

Have you had breast, uterine or ovarian cancer? Yes: _____ No: _____

Menopause: Age: _____ Surgical: _____ Total: _____ Partial: _____ Natural: _____

310 North Highland Avenue (Route 9) Suite 3, Ossining, New York 10562

Phone: 914 923-0201 Fax: 914 923-0209