Hunterdon Women's Imaging Center
121 State Route 31 - Flemington, NJ 08822 - (908) 782-4700

updated 12/19/12

PATIENT HISTORY QUESTIONNAIRE

Name: _____ **Today's Date:** _____

Patient ID: _____ **Sex:** M or F

Current Height: (in) _____ **Date of Birth:** _____

Weight: (lb) _____ **Referring Clinician:** _____

Right or Left handed RT or LT **Ethnicity:** _____

1) Have you had a previous hip or vertebral fracture? [ ] Yes [ ] No
2) Have you ever had lower spine or hip surgery? [ ] Yes [ ] No
3) Have you had any fractures during your adult life which did not result from significant trauma? (e.g. auto accident) [ ] Yes [ ] No
4) Did either of your parents ever have a hip fracture? [ ] Yes [ ] No
5) Do you smoke? [ ] Yes [ ] No
6) Have you ever taken Glucocorticoids? (steroids, longer than 3 mos) [ ] Yes [ ] No
7) Do you have rheumatoid arthritis? [ ] Yes [ ] No
8) Do you have secondary osteoporosis? (resulting from other illnesses) [ ] Yes [ ] No
9) Do you drink 3 or more alcoholic drinks per day? [ ] Yes [ ] No
10) Are you being treated for osteoporosis? [ ] Yes [ ] No
11) Did you take calcium today? [ ] Yes [ ] No

12) Are you taking any of the following medications currently?

[ ] Actonel (i.e. risedronate)
[ ] Boniva (i.e. ibandronate)
[ ] Evista (i.e. raloxifene)
[ ] Forteo (i.e. parathyroid hormone)
[ ] Fosamax (i.e. alendronate)
[ ] HRT (i.e. estrogen/hormone therapy)
[ ] Miacalcin (i.e. calcitonin)
[ ] Protelos (i.e. strontium ranelate)
[ ] Reclast (i.e. zoledronate)
[ ] Calcium [ ] Vitamin D [ ] Prolia
[ ] Other: specify:

13) Do you have any of the following medical conditions:

[ ] Anorexia or Bulimia
[ ] Any seizure disorders
[ ] Asthma or Emphysema
[ ] Cancer
[ ] End stage renal disease
[ ] Inflammatory bowel diseases
[ ] Hyperparathyroidism
[ ] Hysterectomy
[ ] Other: specify:

14) What was your maximum height (inches)? _____
15) Do you perform weight bearing exercise regularly? [ ] Yes [ ] No
16) Do you regularly consume dairy products? [ ] Yes [ ] No
17) Do you drink caffeinated beverages? [ ] Yes [ ] No

If female:

18) At what age did your period start? _____
19) Are you premenopausal? [ ] Yes [ ] No
20) At what age did you start menopause? _____
21) How many full-term pregnancies have you had? _____
22) Have you ever missed your period for more than 6 months in a row (not including pregnancy or menopause)? [ ] Yes [ ] No