

South Atlanta Radiology Associates
119 Upper Riverdale Road, Riverdale, GA 30274

Patient History Questionnaire

Name: _____ Today's Date _____
Patient ID: _____ Sex M[] F[]
Current Height(in): _____ Date of Birth _____
Weight: _____ Referring Physician: _____
Menopause Age: _____ Ethnicity: _____

1. Have you had a previous hip or vertebral fracture? Yes [] No []
2. Have you had any fractures during your adult life which did not result from significant trauma (e.g. auto accident)? Yes [] No []
3. Did either of your parents ever have a hip fracture? Yes [] No []
4. Do you smoke? Yes [] No []
5. Have you ever taken Glucocorticoids? Yes [] No []
6. Do you have rheumatoid arthritis? Yes [] No []
7. Do you have secondary osteoporosis? Yes [] No []
8. Do you drink 3 or more alcoholic drinks per day? Yes [] No []
9. Are you being treated for osteoporosis? Yes [] No []
10. Have you ever taken any of the following medications:
 - Acetonel (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) Prolia (i.e. denosumab)
 - Vitamin D Calcium
 - Other- Please specify _____
11. 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-Please specify _____
12. What was your maximum height (inches)? _____
13. Do you perform weight bearing exercises regularly? Yes [] No []
14. Do you regularly consume dairy products? Yes [] No []
15. Do you drink caffeinated beverages? Yes [] No []

CONTINUE ON BACK

If female:

16. At what age did your period start?

17. Are you premenopausal?

Yes [] No []

18. How many full term pregnancies have you had?

19. Have you ever missed your period for more than

6 months in a row (not including pregnancy or menopause? Yes [] No []