Western OB/GYN
A Division of Ridgeview Clinics

560 South Maple St., Suite 130
Waconia, Minnesota 55387
952/442-2137
Fax: 982/442-5960

111 Hundertmark Rd., Suite 200
Chaska, Minnesota 55318
952/556-0071
Fzx: 952/556-0081

Bone Densitometry Risk Assessment Form

Patient Name _____ Date_____

Age _____ Height _____ Weight _____ Race _____

If you are pregnant, or have had any barium xray or nuclear scan in the past 2 weeks, we can not perform this test.

Answer the questions by checking the appropriate response (yes, no, don't know) to the right.	**Yes**	**No**	**Don't know**
Gynecologic history (women only)			
• Did you ever have intervals with few or no bleeding cycles, other than during pregnancy? Age: Length of time?			
• Have you had a hysterectomy? If yes, what year?			
• If "yes" were your ovaries also removed?			
• Did you stop having periods? If so, when?			
Fractures, falls and surgery			
• Have you ever broken any bones? Year Site How			
Have you had any surgery on your spine or hips? If yes, what?			
History of osteoporosis			
• Does anyone in your immediate family have osteoporosis? Mother Father Sister(s) Brother(s)			
Medications			
• Are you now taking hormone replacement pills or using patches?			
• Do you take cortisone, prednisone, or other steroids for treatment of asthma, arthritis, or cancer? How long were you on this med?			
• Do you take medications for seizures, received chemotherapy for cancer or take medications to prevent transplant rejection?			
• Do you take calcium supplements with Vitamin D? Amount?			
• Did you ever take thyroid medication? When? Last dose taken when?			
• Are you on medications that treat Osteoporosis? Name? How long?			
• Other medications?			
Lifestyle			
• Do you smoke cigarettes? Packs/day:			
• Do you drink alcoholic beverages? Drinks/day:			
• History of eating disorder?			
• Do you exercise regularly? Amount/day? Type?			
How many servings of the following do you eat/drink per day (on average)?	**None**	**1-2**	**> 3**
• Milk • Orange Juice fortified with calcium • Yogurt			
Do you have any cognitive or visual impairment?			