

*Cheyenne Women's Clinic, PC*  
DEXA Scan Questionnaire

Name: \_\_\_\_\_

Nursing: Height:

DOB: \_\_/\_\_/\_\_\_\_

Weight:

Age at Menopause: \_\_\_\_\_ last period: \_\_\_\_\_

Are you pregnant? Yes/No Unsure

Have you taken any contrast material within the last week? Yes/ No

Do you have any surgical hardware such as staples or implants? Yes/ No

Do you take calcium supplements? Yes/ No Today? Yes/ No

Do you take any medications? Yes/ No

Current Medications:

Allergies:

Check all items that apply to you:

- Over 65 years of age
- Not menstruating for more than 6 mo
- Have had ovaries removed
- Caucasian
- Menopause prior to age 45
- Weight below 125#
- Low calcium intake (less than 800 mg daily)
- In poor health
- Lost over 1.5 inches in height
- Taking steroids
- Taking anti-seizure medications
- History of alcoholism
- History of dementia
- History of recurrent falls
- History of kidney problems
- Family history of fractures over age 20
- Family history of osteoporosis
- Have you had any fractures over the age of 20
- Diagnosed with Osteopenia
- Diagnosed with Osteoporosis
- Smoker --How many packs a day\_\_

Any History of these Conditions:

- Anorexia or Bulimia
- Arthritis
- Asthma
- Cancer; Type: \_\_\_\_\_
- Celiac disease
- Cerebral Palsy
- Crohn's Disease
- Colitis
- Diabetes
- Emphysema
- Endometriosis
- Gastric Bypass
- Hyperparathyroidism
- Hyperthyroidism
- Liver Disease
- Lupus
- Multiple Sclerosis
- Organ Transplant
- Scoliosis
- Thalassemia

Other medical conditions:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_