

# *Autumn Road Family Practice, P.A.*

Autumn Road Plaza  
904 Autumn Road, Suite 200  
Little Rock, AR 72211  
(501) 227-6363  
Fax (501) 227-8629

## **Bone Density Patient History**

**NOTE:** When taking Test, *PLEASE* wear clothing WITHOUT Buttons, Zippers, Snaps, etc.

Please answer the following questions. If you are not sure how to answer a question, leave the space blank and we will assist you with the answer when you are seen at our facility. All answers will be kept in strict confidence and treated as medical record information.

1. Name \_\_\_\_\_

2. Street address \_\_\_\_\_

3. City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

4. Race: African American  Asian  Caucasian  Hispanic   
Native American  Other

5. Sex Female  Male

*Yes or No*

6. Have you had any loss in height? \_\_\_\_\_

7. Name of the Physician you see at our clinic? \_\_\_\_\_

8. Have you ever had a bone density study?    
Where? \_\_\_\_\_  
When? \_\_\_\_\_

9. Have you fractured any bones during your adult life?    
Where? \_\_\_\_\_ How? \_\_\_\_\_  
When? \_\_\_\_\_ How? \_\_\_\_\_

10. Have either one of your parents ever broken a hip? \_\_\_\_\_

11. Does your family have a history of osteoporosis? \_\_\_\_\_

12. Have you been diagnosed with osteoporosis in the past? \_\_\_\_\_

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*Yes or No*

13. Have you been diagnosed with Rheumatoid Arthritis? \_\_\_\_\_
14. Do you smoke now? \_\_\_\_\_
15. Has it been ten or more years since you smoked? \_\_\_\_\_
16. Do you have three or more dairy products per day? \_\_\_\_\_  
   
(one serving = 8 oz milk, 1.5 oz cheese, 8 oz. yogurt, 8 oz. cottage cheese, or 4 oz. ice cream)
17. Have you had any steroids in the past 3 months? \_\_\_\_\_
18. Do you have any thyroid problems? \_\_\_\_\_  
If yes, what type? \_\_\_\_\_
19. Do you take a calcium supplement daily? \_\_\_\_\_  
   
**\*circle one\***  
If so, how much?  
0-500 mg/day  501-1000 mg/day  1200 mg/day  1500 mg/day
20. Do you drink more than two alcoholic beverages per day? \_\_\_\_\_
21. Have you had a Nuclear Med. Scan or barium study in the last week? \_\_\_\_\_   
  
**\*circle one\***
22. Do you have arthritis in your: Hip  Spine
23. Have you ever had surgery on your Spine? \_\_\_\_\_

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**Remaining Questions for Women Only**

*Yes or No*

25. Have you gone through menopause? \_\_\_\_\_
26. Did your menopause occur before age 45? \_\_\_\_\_
27. Have you ever had amenorrhea (missed periods or never stopped)? \_\_\_\_\_
28. Have you ever taken hormones (not including birth control pills)? \_\_\_\_\_  
   
If so, for how many years? \_\_\_\_\_  
Are you on hormones now?
29. Are you being treated for osteoporosis or weak bones? \_\_\_\_\_
30. If so, what medication are you on? \_\_\_\_\_
31. Have you had any of the following conditions? \_\_\_\_\_
- a. Hysterectomy (womb removed)
  - b. Ovaries removed   \_\_\_\_\_
  - c. Blood clots   \_\_\_\_\_  
If yes, were you on hormones at the time? \_\_\_\_\_
  - d. Breast Cancer   \_\_\_\_\_
  - e. Family history of breast cancer?   \_\_\_\_\_
  - f. Cancer of the uterus (womb)?   \_\_\_\_\_

**FOR OFFICE USE ONLY**

Weight \_\_\_\_\_ pounds

Height \_\_\_\_\_ inches