# OB-Gyne Associates of Lake Forest, Ltd.

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## BONE DENSITY CHECKLIST

**Name**_____

**Date**_____ **Age**_____ **Date of Birth**_____

**Height today**_____ **Height at age 25**_____**Weight**_____

**Ordering Doctor**_____ **Menopausal Age**_____

**Hysterectomy Yes No If yes, age at time of procedure**_____

**RISK FACTORS**

**CHECK ALL THAT APPLY**

**ETHNIC BACKGROUND**
[ ] White
[ ] African American
[ ] Asian
[ ] Other

**MEDICAL HISTORY**
[ ] Osteoporosis
[ ] Bone Fractures

Parent with fractured hip [ ] Yes [ ] No

**ACTIVITY LEVEL** [ ] Active [ ] Moderate [ ] Sedate

**DIET**
Do you take calcium tablets with / without Vitamin D? [ ] Yes [ ] No

If yes, how many milligrams (mg) ? _____

Do you have more than 3 cans of soda per day? [ ] Yes [ ] No

Do you have less than 3 total servings per day of any of the following: milk, cheese, yogurt, ice cream, or green vegetables? [ ] Yes [ ] No

**MEDICATIONS**
Do you take any of the following medications?

[ ] Thyroid Supplements
[ ] Depo-Provera
[ ] Lupron
[ ] Vitamin D
[ ] Steroids
[ ] Dilantin / Phenobarbitol
[ ] Antacids
[ ] Heparin / Coumadin
[ ] Estrogen
[ ] Evista/Fosamax/Actonel
[ ] Tamoxifen
[ ] Arimidex, Femara, or Aromasin
[ ] Miacalcin

**MEDICAL HISTORY:** PLEASE CHECK **ALL** THAT APPLY TO **YOU**

[ ] Secondary osteoporosis (confirmed diagnosis)
[ ] Surgery on back or hip
[ ] Breast cancer
[ ] Paget's disease
[ ] Uterine cancer
[ ] Anorexia/ Bulimia
[ ] Parathyroid disease
[ ] Milk intolerance
[ ] Epilepsy
[ ] Stomach surgery
[ ] Chrohn's disease
[ ] Menses after age 15
[ ] Weight under 127 lbs
[ ] Vision trouble
[ ] Loss of height (at least 1 ½ in)
[ ] Cigarette smoker (currently)
[ ] Diabetes
[ ] History of irregular periods
[ ] Cushing's disease
[ ] Vitamin D deficiency
[ ] Hemophilia
[ ] Lymphoma
[ ] Diuretic use
[ ] Previous fracture
[ ] Multiple myeloma
[ ] Thyroid disease
[ ] Cushing's syndrome
[ ] Cancer ( type )_____
[ ] Organ transplant
[ ] Prolonged bed confinement
[ ] Kidney disease
[ ] Liver disease
[ ] Chemotherapy
[ ] Inflammatory bowel disease
[ ] Menopause before age 45
[ ] Dress size 6 or less
[ ] Recent barium X-ray or nuclear scan
[ ] Weak muscles or dizziness
[ ] Consume 3 or more alcoholic drinks per day
[ ] Does not go outside daily
[ ] Celiac Sprue disease
[ ] Prolactinoma treatment
[ ] Gaucher's disease
[ ] Leukemia
[ ] Rheumatoid arthritis (confirmed diagnosis)

**HAVE YOU HAD A PREVIOUS DEXA SCAN?** [ ] Yes [ ] No
If yes, where and when? _____

**ADDITIONAL INFORMATION** _____

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**REVIEWED BY**_____**MD**