Teton Radiology
advanced medical imaging

PATIENT HISTORY QUESTIONNAIRE

Name: _____ Today's Date: _____

Patient ID:_____ Sex: ☐ Female ☐ Male

Current Height: (in)_____ Date of Birth: _____

Weight: (lb) _____ 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 (osteoporosis resulting from a medical condition or the use of certain medications) ☐ 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 medication:
    - ☐ Actonel (i.e. risedronate)
    - ☐ Evista (i.e. raloxifene)
    - ☐ Fosamax (i.e. alendronate)
    - ☐ Miacalcin (i.e. calcitonin)
    - ☐ Reclast (i.e. zoledronate)
    - ☐ Vitamin D
    - ☐ Other_____
    - ☐ Boniva
    - ☐ Forteo (i.e. parathyroid hormone)
    - ☐ HRT (i.e. estrogen/hormone therapy)
    - ☐ Protelos (i.e. strontium ranelate)
    - ☐ Prolia (i.e. denosumab)
    - ☐ Calcium

11. Do you have any of the following medical conditions:
    - ☐ Aneorexia or Bulimia
    - ☐ Asthma or Emphysema
    - ☐ End Stage Renal Disease
    - ☐ Hyperparathyroidism
    - ☐ Other_____
    - ☐ Any Seizure Disorders
    - ☐ Cancer
    - ☐ Inflammatory Bowel Disease
    - ☐ Hysterectomy

12. What was your maximum height (inches)?_____
13. Do you perform weight bearing exercise regularly? ☐ Yes ☐ No
14. Do you regularly consume dairy products? ☐ Yes ☐ No
15. Do you drink caffeinated beverages? ☐ Yes ☐ No

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 then 6 months in a row (not including pregnancy or menopause)? ☐ Yes ☐ No