XRAY ASSOCIATES

125 Pedersen Drive, Units 3,4, & 5
Aurora, ON L4G 0E3
Phone: 905.751.1500 Fax: 905.751.1505
www.xrayassociates.org

Patient Name:

Bone Mineral Density Patient History

Is there any chance you may be pregnant? NO YES N/A Date of Last Menstrual Cycle:____/____/____

Have you had any X-Ray test(s) in the past five days?

☐ NO ☐ YES details

Have you had any previous back or hip surgery?

☐ NO ☐ YES details

Are you currently (within the last 6 months) taking steroid pills?

☐ NO ☐ YES How long

Have you broken any bones since you turned 40?

☐ NO ☐ YES Which bone? What caused the fracture?

Do you take medications specifically for osteoporosis?

☐ NO ☐ YES describe

For Technologist Use Only:

Complete For Patients Returning for High Risk 12 Month Follow Up Exams (High Risk)

☐ Prior T score less than -1

☐ Bone Loss greater than 1% per year

☐ Pharmacologic drug treatment for osteoporosis (excluding calcium/vitamin D)

☐ Any of the baseline high risk factors except age greater than 65 years

High Risk for Fracture or Osteoporosis:

☐ Vertebral compression fracture

☐ Fragility fracture after age 40

☐ Family history of osteoporosis (first degree relative)

☐ Systemic steroid therapy greater than 3 months duration

☐ Propensity to fall

☐ Malabsorption

☐ Early menopause less than age 45

☐ Anticovulsant therapy

☐ Chemotherapy

☐ Other (Indicated by referring physician) _____

OR 2 MINOR RISK FACTORS (required)

☐ Weight less than 57 kg (126 lbs)

☐ Smoking

☐ Caffeine greater than 4 cups per day

☐ Excessive alcohol

☐ Rheumatoid arthritis

☐ Low dietary calcium

Weight (kg):	Previous Height (cm):
	Current Height (cm): 1st) 2nd) 3rd) **Average)**

Technologist Name: (print first, last)