



# BONE DENSITY

**IMAGING CENTER**  
TIDEWATER MEDICAL CENTER  
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**BONE DENSITY • CT SCAN • MAMMOGRAPHY • MRI • ULTRASOUND • VASCULAR ULTRASOUND**

**WILLIAM A. WOOD, JR, MD, MEDICAL DIRECTOR**

Patient's Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Current Weight \_\_\_\_\_ Current Height \_\_\_\_\_ Tallest Adult Height \_\_\_\_\_  
Race \_\_\_\_\_ ☐ Female ☐ Male  
Primary Care Physician \_\_\_\_\_ Possibility of pregnancy? ☐ Yes ☐ No  
Previous Bone Density study (where/when?) \_\_\_\_\_

## OSTEOPOROSIS SCAN HISTORY

1. Are you still having menstrual periods? ☐ Yes ☐ No If not, age stopped \_\_\_\_\_
2. Has your uterus been removed? ☐ Yes ☐ No At what age? \_\_\_\_\_
3. Have your ovaries been removed? ☐ Yes ☐ No At what age? \_\_\_\_\_
4. Do you currently take any hormone replacement? ☐ Yes ☐ No If yes, what type? \_\_\_\_\_
5. Do you take any medications to strengthen your bones? ☐ Yes ☐ No If yes, what type? \_\_\_\_\_
6. Do you have a family history of osteoporosis? ☐ Yes ☐ No If yes, explain \_\_\_\_\_
7. Do you exercise at least 3 times a week? ☐ Yes ☐ No If yes, what type? \_\_\_\_\_
8. Have you had bowel surgery? ☐ Yes ☐ No If yes, what type? \_\_\_\_\_
9. Have you ever smoked cigarettes? ☐ Yes ☐ No If yes, # paks/day? \_\_\_\_\_ # years \_\_\_\_ when quit? \_\_\_\_\_
10. Do you drink alcohol? ☐ Yes ☐ No If yes, # drinks/week? \_\_\_\_\_
11. Do you drink caffeinated beverages? ☐ Yes ☐ No If yes, # cups/day? \_\_\_\_\_
12. Have you ever used oral steroids for longer than 3 months? ☐ Yes ☐ No If yes, name of drug and duration? \_\_\_\_\_
13. Do you have thyroid or parathyroid disease? ☐ Yes ☐ No If yes, name of drug and duration? \_\_\_\_\_
14. Do you have a history of fractures as an adult? ☐ Yes ☐ No If yes, explain \_\_\_\_\_
15. Have you had previous back or hip surgery? ☐ Yes ☐ No If yes, what and where? \_\_\_\_\_
16. How many servings of dairy products do you eat or drink a day? \_\_\_\_\_ (1 serving = 8 oz milk, 1 oz cheese, 1 container yogurt/ice cream)