

Bone Density Questionnaire

Name _____

Date of Birth _____

Race: Asian _____, Black _____, Caucasian _____, Hispanic _____

Last Menstrual Period _____

Have you had a hysterectomy? Yes _____ No _____

Last four digits of Social Security # _____

Any chance of pregnancy? Yes _____ No _____

Have you had any surgery on your hip or spine? Yes _____ No _____

Have you had contrast studies, IVP dye, or nuclear medicine studies in the last week? Yes _____ No _____

Do you have scoliosis? Yes _____ No _____

Are you right or left-handed? _____

Please fill out your return address on purple card.