SOUTHLAKE
REGIONAL HEALTH CENTRE

596 Davis Drive
Newmarket, ON L3Y 2P9

Diagnostic Imaging

Health Record #: ____________ Complete or place barcoded patient label here
Patient Name: *(Print first, last)* ____________
DOB: dd / mm / yy   Age: ______   ❑ Female   ❑ Male
OHIP #: ____________   Version Code: ____________
Account #: ____________   Date of Admission: dd / mm / yy

Bone Mineral Density Patient Questionnaire

This document will be reviewed with you. A staff member will measure your height and weight.

1. Is there any chance that you are pregnant? ❑ **Yes** ❑ **No**
2. Date of last menstrual cycle? dd / mm / yy
3. Have you had a barium enema or barium drink in the last 2 weeks? ❑ **Yes** ❑ **No**

The following information will help us to assess your future risk for fracture.

1. Have you ever had surgery of the spine or hips? ❑ **Yes** ❑ **No** **If yes,** was surgery due to ❑ **Fracture** ❑ **Arthritis**
2. Have you ever broken any bones over the age of 40? ❑ **Yes** ❑ **No**

   If yes, please state:

Bone Broken	Cause of Broken Bone

3. Have you taken steroid pills (such as prednisone or cortisone) for more than 3 months in the last 12 months? ❑ **Yes** ❑ **No**

   If yes, are you currently taking steroid pills? ❑ **Yes** ❑ **No**

   How long have you been taking them? ____________

   What is your current dose? ____________

4. Have you ever been treated with medication(s) for osteoporosis? ❑ **Yes** ❑ **No**

   If yes, which medications(s) and for how long? ____________

Technologist Name: *(print first, last)*

Technologist Signature: **Date:** dd / mm / yy   **Time:** ______