

MARYSVILLE OBSTETRICS & GYNECOLOGY, INC.

Osteoporosis Diagnostics & Treatment Center
Patient History Questionnaire

Name: _____ Date of Birth: _____ Age: _____
SS#: _____ Sex: M F Race: Caucasian Black Hispanic Asian Other _____
Height: _____ Weight: _____ Loss of Height (if any): _____
Ordering Physician: _____

Answer ALL of the following that pertain to you:

Previous Dexascan: _____ Previous Screening for Osteoporosis: _____
Osteopenia or Osteoporosis (if yes, how and when diagnosed): _____
Menopause (if yes, what age): _____ Testicular Dysfunction (males): _____
Hysterectomy (if yes, what age): _____ Ovaries Removed (if yes, what age): _____
Osteoarthritis: _____ Rheumatoid Arthritis: _____
Diabetes: _____ Epilepsy: _____
Asthma: _____ Thyroid/Parathyroid Problems: _____
History of Kidney Stones: _____ Other Kidney Trouble: _____
Low Back Aches: Occasionally Frequently Low Back Injuries: _____
Bone Fractures (please list which bones): _____
Surgeries not already listed above: _____
Please list ALL medications & treatments taken for above listed including Chemotherapy and Steroid therapy:

Other medications not listed above: _____

Bone Health Therapy (Please list any type, quantity and duration):

Calcium Supplements: _____ mgs _____ a day _____ duration
Other vitamins & minerals _____ Herbs _____
Actonel (5 / 30 mg): _____ Evista: _____ Fosamax (5 / 10 / 30 mg) _____ Miacalcin: _____
Estrogen: _____ Progesterone: _____ Testosterone: _____
Other bone health medications not listed above: _____

General Information (Please include present and past history):

Family history of Osteoporosis (if yes, who): _____
Smoking (packs per day and duration): _____
Soda Consumption (amount and duration): _____
Caffeine Consumption (amount and duration): _____
Daily/Weekly Exercise Routine (specify): _____
How many glasses of milk do you drink on a daily basis? _____ What other types of calcium rich foods do
you consume on a daily basis? _____

Have you had any Barium or Nuclear Medicine studies done in the past 7 days? _____
Is there any possibility of pregnancy at this time? _____