

NORTHWEST OSTEOPOROSIS CENTER
FOLLOW-UP BONE DENSITOMETRY QUESTIONNAIRE

Date: _____

HT _____ WT _____
(office use only)

Patient Name: _____

Referring Physician: _____

Are you taking any prescription medication to treat bone loss, i.e. Fosamax, Miacalcin, Didronel, Calcitonin, Actenol? Yes No

If yes, what medication and how long? _____

Are you currently on estrogen replacement? Yes No

Have you had any surgeries or fractures since your last DEXA scan? Yes No

If yes, please explain:

Are you currently using calcium supplementation? Yes mg _____ No

Does it contain Vitamin D? Yes No

Do you currently take a multiple vitamin? Yes No

Do you currently have an exercise routine? Yes No

If yes, please include activity and how often:

Please list current medications below:

Which of the following do you consume on a daily basis?

- Milk, 8 oz. How many glasses per day? _____
- Yogurt, 8 oz. Please indicate which type. Fruit Plain
- Cheese, 1 oz.
- Cottage Cheese, 4 oz.
- Ice Cream or Frozen Yogurt, 8 oz.
- Broccoli, ½ cup; Dried Beans ½ cup; Orange, 1 medium
- Whole Wheat Bread. Number slices per day? _____
- Instant Oatmeal, 1 packet
- Calcium Fortified Cereal, i.e. total ¾ cup cereal with ½ cup milk.
- Calcium Fortified Orange Juice, 8 oz.
- Calcium Fortified Rice or Soymilk, 8 oz.
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- Tofu (calcium set), ½ cup