



BMD QUESTIONNAIRE

Name _____ Age _____

Height _____ Weight _____

Have you had a DEXA / BMD before?

Yes No

If yes, when and where? _____

Please tick Yes or No to the following:		Yes	No	
12306	Broken bone/s out of the blue / minimal trauma fracture			
	Progress study for previously diagnosed osteoporosis / osteopenia			
12321	On current treatment for osteoporosis or change in therapy for osteoporosis			Medication: _____
12312	Oral / inhaled treatment with Cortisone / Prednisone			Course length: _____
	Treatment with male hormones			Course length: _____
	Menopause/hysterectomy before 45 years of age			Age: _____
12315	Overactive parathyroid glands			
	Liver disease			
	Kidney disease			
	Chronic diarrhoea			
	Rheumatoid arthritis			
	Metabolic disease			
	Coeliac disease			
	Vitamin D deficiency			
	Treatment with Thyroxine / Oroxine			Course length: _____
12320 DEXA/QCT 1 every 5 years	Patients aged 70 years or over who have not previously had the service. Patients with a T-Score of -1.5 or above QCT requires the reporting radiologist to be onsite during scan			
12322 DEXA/QCT 1 every 24 months	Patients aged 70 years or over Patients with a T-Score less than -1.5 or above -2.5 QCT requires the reporting radiologist to be onsite during scan			

Do you have a family history of Osteoporosis? Yes No

Have you had HRT? Yes No

If yes, when and course length? _____

Do you exercise regularly? Yes No

How many cups of tea and/or coffee you have per day? _____

How many cigarettes you smoke per day? _____

How much alcohol do you have per week? _____

List all medications and vitamins you are currently taking _____

List all present and past operations and/or illnesses _____

List all present and past major fractures / broken bones _____