EFW Radiology
Specialists In Diagnostic Imaging

Bone Density Patient Information

Date: _____

First Name: _____ DOB: _____ M or F
Last Name: _____ Wt: _____ kg Ht: _____ cm
AHC: _____ Forearm: _____ cm
Tech Initials: _____ Scan # and location: _____

The clinical data is provided by: ____ patient ____ physician ____ both

Is there any chance that you could be pregnant?	Yes	No
Last menstrual period: _____		
Have you had any upper or lower GI x-rays involving barium in the last 2 weeks?	Yes	No
Have you had any nuclear medicine procedure such as a bone scan, HIDA, MUGA, or mibi (heart scan) in the last 3 days?	Yes	No
Have you had any nuclear medicine procedures such as a thallium scan for your heart in the last month?	Yes	No
Have you had a CT scan or MRI scan with an injection is the last week?	Yes	No
Have you had recent x-rays of your spine or hip?	Yes	No
If yes, when and where? _____		
Have you ever had surgery to your spine, hips or forearms?	Yes	No
If Yes, please describe the specific site and type of surgery		

_____

_____

Have you ever broken your forearm (even in childhood)?	Yes	No
If Yes, which side? _____		
Have you ever broken any bone as an adult?	Yes	No

If Yes, complete the following table.

Bone that was broken	Explain how it happened.	What year did this occur?	Fragility fracture? (Y/N)

Has a parent or sibling ever broken a hip?	Yes	No
If yes, who and at what age? _____		
Do you have rheumatoid arthritis (diagnosed by a physician)?	Yes	No
Do you currently smoke?	Yes	No
Do you consume alcohol every day?	Yes	No
If yes, how many drinks per day? ____		
Which is your dominant hand?	Right	Left

The personal information on this form is collected under Part 3 of the Health Information Act. If you have any questions about EFW's collection and use of your personal information, contact the Privacy Officer at privacy.officer@efwrad.com or 587-470-6449.

Have you taken any of the following medications?

Medication Name	Yes	Start Date	Currently still taking?	Stop Date
Calcium supplement				
Vitamin D supplement				
Multivitamins				
Hormone Replacement Therapy				
Fosamax (Alendronate)				
Actonel (Risedronate)				
Didrocal /Didronel (Etidronate)				
Evista (Raloxifene)				
Aclasta/Zometa (Zoledronic acid)				
Miacalcin (calcitonin nasal spray)				
Prolia (Denusomab)				
Forteo (PTH)				
Tamoxifen				
Femara/Letrozole or Arimidex/ Anastrozole				
Prednisone (corticosteroid) Dose _____mg/day				
Any other (related to bones)				