

Today's Women's Health Specialists

Imaging Department
> Accredited by ISCD •
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Medical History for Bone Densitometry Patients

Name:	Date of Birth:	Age:
Address:	City:	Zip:
Previous BMD Date/Place:		
Referring Physician:	Office Address:	

When was your last menstrual period?	
Hysterectomy? if so when?	Ovaries Removed?
List any other surgeries you have had:	
List any current medical problems:	
List any past medical problems:	
List any fractures you may have had:	
Have you had X-rays of back or hip, if so when?	
Did X-rays show degenerative changes or arthritis? If so, explain:	

Please indicate what, if any, medications you are currently taking:

- q Estrogen / Brand _____ Age Began _____
- q Progesterone / Brand _____ Age Began _____
- q Calcium / Mg _____ Brand: _____ With Vitamin D? q Yes q No
- q Fosamax / How long? _____
- q Evista / How Long? _____
- q Other medications, please list:
