



Bannockburn • Gurnee • Libertyville
(847) 599-1GRC

Date _____

BONE MINERAL DENSITY - PART I For Men and Women

Name _____ GRC # _____

Date of Birth _____ Height _____ Weight _____ Sex: Male _____ Female _____

African American _____ Asian _____ Caucasian _____ Hispanic _____ Native American _____ Other _____

Referring Physician _____

MEDICAL HISTORY

YES NO

1. Have you fractured any bones during your adult life? _____

2. Does your family have a history of osteoporosis? _____

3. Do you smoke more than half a pack of cigarettes per day? _____

4. Have you smoked in the past? _____

5. Do you have three or more servings of dairy products every day?
(8 oz. of milk, 1.5 oz. of cheese, 8 oz. of yogurt, 8 oz. of cottage cheese, 4 oz. of ice cream) _____

6. Have you consumed three or more dairy servings per day throughout most of your life? _____

7. Do you take a calcium supplement daily? If YES, how much? _____

8. Do you exercise at least three times per week? _____

9. Do you drink more than two alcoholic beverages per day? _____

10. Have you taken any of the following medications or treatments?
- a. Steroids (prednisone, cortisone, etc.) _____ a
 - b. Thyroid medication _____ b
 - c. Anticonvulsants (for seizures, epilepsy) _____ c
 - d. Loop diuretics (Lasix, Bumex, Edicrin) _____ d
 - e. Heparin _____ e
 - f. Chemotherapy _____ f
 - g. Lithium _____ g

11. Have you had any of the following conditions?
- a. Hyperthyroidism or Hyperparathyroidism _____ a
 - b. Biliary Cirrhosis _____ b
 - c. Kidney disease _____ c
 - d. Rheumatoid Arthritis _____ d
 - e. Other arthritis _____ e
 - f. Part of stomach removed _____ f
 - g. Intestinal or bowel disease _____ g
 - h. Eating disorders (anorexia nervosa, bulimia, etc.) _____ h

12. Do you have any general comments or questions about your health? _____

