



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

Date \_\_\_\_\_

### BONE MINERAL DENSITY - PART II For Women Only

	YES	NO
1. Have you gone through menopause?	_____	_____
2. Did your menopause occur before age 45?	_____	_____
3. Have you ever had amenorrhea (missed periods or never started periods)?	_____	_____
4. Have you ever taken hormones (not including birth control pills)? If Yes, for how many years? _____	_____	_____
5. Have you ever had any of the following side effects from hormones?	_____	_____
a. Breast tenderness	_____	_____
b. Heavy periods of intermittent bleeding/spotting	_____	_____
c. Headaches	_____	_____
d. Weight gain or fluid build up	_____	_____
e. Other _____	_____	_____
6. Have you ever been treated for osteoporosis or weak bones?	_____	_____
7. Have you had any of the following conditions?	_____	_____
a. Hysterectomy (womb removed)	_____	_____
b. Ovaries removed	_____	_____
c. Blood Clots	_____	_____
If yes, were you on hormones at the time?	_____	_____
d. Breast cancer	_____	_____
e. Family history of breast cancer	_____	_____
f. Cancer of the uterus (womb)	_____	_____
8. Is there any possibility that you are pregnant?	_____	_____
9. Date of last menstrual period _____		

Signature \_\_\_\_\_