WOMEN'S IMAGING CENTER
An IMAGINGPARTNERS Facility

Women's Imaging Center
Trico Sycamore Plaza Medical Office Building
431 S. Batavia St., Suite 100
Orange, CA 92868
Phone: 714-771-8360
Fax: 714-771-8364

IMAGINGPARTNERS
Diagnostic Medical Imaging
A partnership with Moran, Rowen & Dorsey and St. Joseph Hospital of Orange

Bone Density Profile

Patient Name: _____ Referring Physician: _____
(last) (first) (m.i.)

DOB: ____/____/_____ ☐ M or ☐ F Age: _____ Exam Name: _____ Appt Time: _____
MM DD YYYY

Personal Profile:

1. Dominant Hand ☐ Left ☐ Right
2. Height Feet: _____ Inches: _____
3. Height Loss Inches: _____
4. Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic
5. Weight Pounds: _____
6. Age at Menopause _____
7. Have you had a previous DEXA / Bone Density Study? ☐ No ☐ Yes
   Facility Name: _____ Year of Exam: _____
8. Have you had a previous hip or vertebral fracture? ☐ No ☐ Yes
9. Have you had frequent fractures without apparent cause? ☐ No ☐ Yes
10. Did either of your parents ever have a hip fracture? ☐ No ☐ Yes
11. Do you currently smoke? ☐ No ☐ Yes
12. Have you ever taken Glucocorticoids (steroids)? ☐ No ☐ Yes
13. Do you have rheumatoid arthritis? ☐ No ☐ Yes
14. Do you have secondary Osteoporosis? Please see below: ☐ No ☐ Yes
    - ☐ a. Type I diabetes
    - ☐ b. Osteogenesis Imperfecta
    - ☐ c. Hyperparathyroidism
    - ☐ d. Hypogonadism
    - ☐ e. Malnutrition
    - ☐ f. Premature menopause (<45 yrs)
    - ☐ g. Malabsorption
    - ☐ h. Liver disease
15. Do you have 3 or more alcoholic drinks per day? ☐ No ☐ Yes
16. Are you currently being treated for Osteoporosis? ☐ No ☐ Yes

Osteoporosis Related Medications You Routinely Take (check all that apply):

- ☐ Actonel (Risedronate)
- ☐ Boniva (Ibandronate)
- ☐ Calcium Supplement*
- ☐ Evista (Raloxifene)
- ☐ Forteo (Parathyroid Hormone)
- ☐ Fosamax (Alendronate)
- ☐ Hormone Replacement Therapy (Estrogen/HRT)
- ☐ Miacalcin (Calcitonin)
- ☐ Protelos (Strontium Ranelate)
- ☐ Prolia (Denosumab)
- ☐ Reclast (Zoledronate)
- ☐ Vitamin D Supplement*
- ☐ Other: _____

Related Medical Conditions (check all that apply):

- ☐ Anorexia or Bulimia
- ☐ Asthma or Emphysema
- ☐ Cancer
- ☐ End stage renal disease
- ☐ Inflammatory bowel disease
- ☐ Liver Disease
- ☐ Lupus
- ☐ Seizure Disorders
- ☐ Other: _____

TECHNOLOGIST USE ONLY

Current study analyzed by: _____ Comments: _____

Views: ☐ AP Spine ☐ Left Hip ☐ Right Hip ☐ Left Wrist ☐ Right Wrist ☐ VFX

Technical Data: ☐ AP Spine block ☐ 1/3 ☐ 2/3 ☐ 3/3