

**Bone Density Questionnaire**

Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Height \_\_\_\_\_

Current Weight \_\_\_\_\_ lbs.

What is your ethnic group? WHITE / BLACK / HISPANIC / ASIAN / OTHER (*circle one*)☐ Yes ☐ No

Are you pregnant?

☐ Yes ☐ NoIs there metal in your Lumbar Spine (*lower back*)?☐ Yes ☐ No

Is there metal in either Hip?

☐ Yes ☐ No

Do you have Hyperparathyroidism?

☐ Yes ☐ No

Have you had a barium study in the past 10 days?

☐ Yes ☐ NoOn average, do you consume more than 2 alcoholic beverages per day?  
(12 oz. beer, 5 oz. wine, 1.5 oz. spirits)☐ Yes ☐ No

Does your mother or father have a history of hip fracture?

☐ Yes ☐ NoHave you taken oral Prednisone, or other glucocorticoids, for more than  
3 months at a dose of 5mg or more daily?☐ Yes ☐ NoDo you have a history of fracture in your adult life? (*Do not count bones in  
the head, neck, hands, feet, or knee cap, or fractures from car accidents or  
other high impact traumas*)☐ Yes ☐ No

Do you have a confirmed diagnosis of Rheumatoid Arthritis?

☐ Yes ☐ No

Do you currently smoke tobacco?

PT.NO

NAME

DOB

Place EPIC Label Within Box

**UW Medicine**Harborview Medical Center – UW Medical Center  
Northwest Hospital & Medical Center – University of Washington Physicians  
Seattle, Washington**BONE DENSITY QUESTIONNAIRE****PAGE 1 OF 1**

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WHITE - MEDICAL RECORD

UH2761 REV JUN 18