NYU Hospitals Center

NYU LANGONE MEDICAL CENTER
CENTER FOR WOMEN'S IMAGING

Patient History Questionnaire

Date Initiated: _____

PATIENT INFORMATION

Name: _____ Patient ID: _____

Menopause Age: _____ Height:(in) _____ Weight:(lb) _____ Gender: ❑ M ❑ F Date of Birth: _____

Ethnicity: _____ Referring Physician: _____

MEDICAL INFORMATION

1. Have you had a previous hip or vertebral fracture? ❑ Y ❑ N
2. Have you had any fractures during your adult life which did not result from significant trauma (e.g., auto accident)? ❑ Y ❑ N
3. Did either of your parents ever have a hip fracture?
4. Do you smoke? ❑ Y ❑ N
5. Have you ever taken Glucocorticoids? ❑ Y ❑ N
6. Do you have rheumatoid arthritis? ❑ Y ❑ N
7. Do you have secondary osteoporosis? ❑ Y ❑ N
8. Do you drink 3 or more alcoholic drinks per day? ❑ Y ❑ N
9. Are you being treated for osteoporosis? ❑ Y ❑ N
10. Have you ever taken any of the following medications:

- ❑ Actonel (i.e. risedronate)
- ❑ Boniva (i.e. ibandronate)
- ❑ Evista (i.e. raloxifene)
- ❑ Forteo (i.e. parathyroid hormone)
- ❑ Fosamax (i.e, alendronate)
- ❑ HRT (i.e. estrogen/hormone therapy)
- ❑ Miacalcin (i.e. calcitonin)
- ❑ Protelos (i.e. strontium ranelate)
- ❑ Reclast (i.e. zoledronate)
- ❑ Prolia (i.e. denosumab)
- ❑ Vitamin D
- ❑ Calcium
- ❑ Other: _____

11. Do you have any of the following medical conditions:

- ❑ Anorexia or Bulimia
- ❑ Any Seizure Disorders
- ❑ Asthma or Emphysema
- ❑ Cancer
- ❑ End stage renal disease
- ❑ Inflammatory bowel diseases
- ❑ Hyperparathyroidism
- ❑ Hysterectomy
- ❑ Other: _____

12. What was your maximum height (Inches)? _____
13. Do you perform weight bearing exercise regularly? ❑ Y ❑ N
14. Do you regularly consume dairy products? ❑ Y ❑ N
15. Do you drink caffeinated beverages? ❑ Y ❑ N

In female:

16. At what age did your period start? _____
17. Are you premenopausal? ❑ Y ❑ N
18. How many full term pregnancies have you had? _____
19. Have you ever missed your period for more than 6 months in a row? (not including pregnancy or menopause)? ❑ Y ❑ N