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Description automatically generatedDEXA screening Questionnaire

Patient name

DOB Height Weight

|  |
| --- |
| **Which kind of DEXA scan are you having? (Please circle)**  **Bone/Osteoporosis Muscle/Body Composition** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Please tick Yes (If applicable) or NO (If not applicable) | | Yes | No | Further details |
| 1. | Have you had a DEXA scan before? If yes, please provide the date and location if possible. | |  |  |  |
| 2. | Have you had a nuclear medicine scan, barium examination or another imaging procedure where you were given an injection in the last 2 weeks? | |  |  |  |
| 3. | Have you ever had any operations/procedures involving the use of metal plates, pins, clips, coils, stents, gastric bands, mesh or breast implants? | |  |  |  |
| 4. | Have you ever fractured a bone? If yes, please provide details. | |  |  |  |
| 5. | Have you ever been diagnosed with osteoporosis and if so, have you ever been prescribed any medication associated with this diagnosis? | |  |  |  |
| 6. | Could you be pregnant? | |  |  |  |
| 7. | Do you have any allergies? | |  |  |  |
| 8. | Please tick if any of the following apply to you   |  |  | | --- | --- | | Currently on or have previously taken steroids |  | | Currently on or have previously been on HRT |  | | Menopausal or post-menopausal |  | | Have undergone a Hysterectomy |  | | Polycystic ovaries |  | | Eating Disorder (anorexia or bulimia) |  | | Previous Weight loss surgery |  | | Diabetic |  | | Currently have cancer or have had a previous cancer diagnosis |  | | Family history of Osteoporosis |  | | | | | |
| 9. | Do you have any other chronic medical conditions or is there any other medical information you feel is relevant and would like to provide? | | | | |
| **I take full responsibility for the information given and confirm that it is correct to the best of my knowledge.** | | | | | |
|  | Patient signature | Authorized person Initials | Date | | |
|  |  |  |  | | |

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| Additional space for any supporting information. |
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