

DEXA Questionnaire – Female

Today's Date _____

Name _____

If you have had a bone density exam in the **last two years** please state the **month** _____ and **year** _____ of exam.

Are you taking any medications for your bones OR any steroids? YES NO

If YES, what are you taking?

Ethnicity: Asian
 Black
 Hispanic
 White

Have you had any fractures or surgeries of
Hips Back Wrist

Are you post menopausal? YES NO

If yes, at what age did you become menopausal? _____

What is your present weight? _____

What is your height? _____