



The Center for Women

Obstetrics & Gynecology

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 (870) 425-7300 / (870) 424-4164 fax

Patient Questionnaire for Bone Mineral Density Testing

The bone mineral density test is a 30 minute exam performed at The Center for Women. Please **do not** take your calcium supplement the day of your test. Please wear normal, comfortable clothes, and try to avoid any metal that may cover the hips, spine, or forearm. We prefer our patients to wear shoes, and **no** sandals. Please be prepared to present information about any current medications, or bone mineral density tests performed in the past.

(Please Circle "Y" for Yes or "N" for No)

- | | | |
|--|---|---|
| 1. Have you had a nuclear medicine study in the last 7 days? | Y | N |
| 2. Have you had a barium study (UG, BE) in the last 7 days? | Y | N |
| 3. Do you have any metal orthopedic hardware in place? | Y | N |
| If so, where _____ | | |
| 4. Are you currently pregnant? | Y | N |
| 5. Do you currently smoke? | Y | N |
| If so, for how long _____ | | |
| 6. Do you consume alcohol? | Y | N |
| If so, how would you describe your use of alcohol? | | |
| Please circle: daily/occasional/heavy/social/quit | | |
| 7. Do you still have menstrual cycles? | Y | N |
| 8. Are you currently taking any anti-convulsion medications? | Y | N |
| 9. Have you had both or one of your ovaries removed? | Y | N |
| 10. Have you ever been on long-term glucocorticoid or corticosteroids? | Y | N |
| 11. Have you ever been diagnosed with dementia or Alzheimer's? | Y | N |
| 12. Have you had early menopause? (Before the age of 40) | Y | N |
| 13. Have you ever been diagnosed with hyperparathyroidism? | Y | N |
| 14. Have you ever been diagnosed with hyperthyroidism? | Y | N |
| 15. Have you ever been diagnosed with anorexia? | Y | N |
| 16. Are you able to consume foods high in calcium? | Y | N |
| 17. Have you ever been diagnosed with osteoporosis or osteopenia? | Y | N |
| 18. Do you have a history of recurrent falls? | Y | N |
| 19. Do you have a family history of fractures? | Y | N |
| 20. Have you ever been diagnosed with renal failure? | Y | N |

Do you take any of the following medications? (Please circle all that apply)

Calcium Supplements	Hormones (estrogen)	Fosamax	Calcitonin	Activella
Vitamin D	Fluoride	Thiazide	Boniva	

Patient Name

Date

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