



CHEYENNE RADIOLOGY

CHEYENNE WOMEN'S IMAGING PAVILION

Name: _____ Birthdate: _____

Height: _____ Weight: _____ Ethnicity: _____

1. Servings of dairy intake daily (circle one) 1-2 3-4 5-6 7-8
2. Have you had any broken bones (fractures)? Yes No
 - a. Date of most recent fracture: _____
 - b. Date of next most recent fracture: _____
 - c. Cause of broken bones (fractures): _____
 - d. Any vertebral (spine) fractures? Yes No
3. Do you now, or have you ever, smoked? Yes No
 - a. How many years have you smoked? _____
 - b. If you no longer smoke, when did you quit? _____
 - c. How many cigarettes per day do/did you smoke? _____
4. How often do you drink alcoholic beverages? (circle one)

Never	Occasionally	Daily	1-2 drinks/week	3-6 drinks/week
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5. Do you exercise regularly? Yes No

How many hours per week? _____ What type of exercise? _____

6. Does anyone in your family have a history of osteoporosis? Yes No

Relationship _____
7. Do you have a family history of breast cancer? Yes No
8. Date of last menstrual period? _____
9. Age at menopause? _____
10. Have you had a hysterectomy? Yes No

Were your ovaries removed? Yes No

11. Have you ever been treated with any of the following medications? Please indicate when and for how long you were on each medication.

- Estrogen _____
- Progesterone _____
- Etidronate _____
- Androgens _____
- Anticonvulsants _____
- Fosamax _____
- Calcitonin _____
- Glucocorticoids _____
- Thiazide _____
- Fluoride _____
- Synthroid _____
- Bisphosphonates _____
- Aromatase Inhibitors _____
- Tamoxifen _____

List all other medications you are currently taking:

12. Do you have any of the following health conditions? If so, please indicate what you were diagnosed by your physician.

- Cancer _____
- Bone disease _____
- Cardiovascular disease _____
- Arthritis _____
- Kidney problems _____
- Diabetes _____
- Digestive problems _____
- Thyroid, hormonal _____
- Primary hyperparathyroidism _____
- Lupus, immune _____
- Lung (asthma) _____
- Stroke _____
- Parkinson's disease _____
- Nervous disorders _____
- Psychological _____
- Hospitalizations and surgeries _____