



EXAM LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

EXAM REQUESTED: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR EXAMINATION (SEE BACK FOR RISK FACTORS): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_

TELEPHONE     DELIVER OR MAIL REPORT     FAX REPORT # \_\_\_\_\_

EXTRA COPY TO \_\_\_\_\_

## HISTORY OF OTHER PERSONAL RISK FACTORS:

- Delayed Puberty
- Oligomenorrhea or Amenorrhea, including athletic
- Early or Surgical Menopause
- Not on Hormone Replacement
- Lactose intolerance or milk avoidance
- Sedentary, disabled, or history of long bed rest
- Height loss of \_\_\_\_\_ inches
- Osteopenia on Xray
- Previous Osteoporotic Fractures, including dorsal kyphosis, any fracture over the age of 50, and athletic stress fractures
- Family History of Osteoporosis, including height loss, dorsal kyphosis or any fracture over the age of 50
- Heavy Caffeine user, \_\_\_\_\_ years over 3c a day
- Alcohol consumption, \_\_\_\_\_ years over two drinks a day
- Smoker, history of \_\_\_\_\_ packs per day
- Chronic oral CORTICOSTEROID treatment
- History of partial gastrectomy