On the day of your test:
1) Do NOT take your calcium pill
2) Bring your valid health card

Your Name (please print): _____________________________________
Your Date of Birth: __________________________________________

Please take a few minutes to complete this questionnaire before coming for your appointment.

What is your height? _____ feet _____ inches   What is your weight? _____ pounds

1. Have you had a previous bone mineral density exam here or elsewhere in Ontario?   Yes ☐ No ☐
2. Have you had any surgery on your back or your hips?   Yes ☐ No ☐
3. Have you had a nuclear medicine test or x-ray with contrast material (i.e. barium) in the last 2 weeks?   Yes ☐ No ☐
4. Do you smoke, or have you ever smoked? If yes, for how long? _______ years   Yes ☐ No ☐
5. Do you take calcium supplements (including Tums)?
   If yes, how many milligrams? _____ mgs and for how long ______?   Yes ☐ No ☐
6. Are you taking or have you ever taken (please circle any that apply)
   FOSAMAX – how long? __________
   DIDROCAL – how long? __________
   EVISTA – how long? __________
   ACTONEL? – how long? __________
   PROLIA – how long? __________
   ACLAΣTA? – how long? __________
7. Have you been on Prednisone or steroids for more than 3 months in 1 year?   Yes ☐ No ☐
   If yes, is the amount you took 2.5 mg or more in 1 day?
8. Do you take medication for your thyroid?   Yes ☐ No ☐
   If yes, for how long? __________
9. Are you taking medications for rheumatoid arthritis?   Yes ☐ No ☐
10. Has anyone in your family had osteoporosis?   Yes ☐ No ☐
11. Have you had any broken bones as an adult?   Yes ☐ No ☐
12. Have you ever had cancer?   Yes ☐ No ☐

Female Patients Only:
13. Have you had a hysterectomy or your ovaries removed? When? __________
   If yes, please circle what applies:
   Uterus ONLY   Ovaries ONLY   Uterus AND Ovaries
   Yes ☐ No ☐
14. Are you post-menopausal (periods have stopped)?   Yes ☐ No ☐
15. Have you taken hormone replacement therapy (HRT)?
   If yes, what is or was the dose? __________
   How long? __________
16. Are you pregnant?   Yes ☐ No ☐