



# FERRY COUNTY PUBLIC HOSPITAL DISTRICT #1

dba Ferry County Memorial Hospital (509) 775-3333 fax 775-3866  
 Republic Medical Clinic (509) 775-3153 fax 775-8929  
 Curlew Medical Clinic (509) 779-4049 fax 779-4004  
 Physical Rehab Therapy (509) 775-8400 fax 775-8401  
 Klondike Hills Assisted Living (509) 775-8228 fax 775-8402

*Improving Health - Saving Lives*

## BONE DENSITY QUESTIONNAIRE

NAME: \_\_\_\_\_ PROVIDER: \_\_\_\_\_

DOB: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

1. Previous Fracture (Adult): Yes\_\_\_ No\_\_\_ Which Bone(s): \_\_\_\_\_
2. Did either of your parents fracture their hip? Yes\_\_\_ No\_\_\_
3. Are you a current smoker? Yes\_\_\_ No\_\_\_
4. Are you currently taking steroids? (prednisone, cortisone injection) Yes\_\_\_ No\_\_\_
5. Do you have rheumatoid arthritis? Yes\_\_\_ No\_\_\_
6. Do you have a vitamin D deficiency? Yes\_\_\_ No\_\_\_
7. Do you have hyperthyroidism? Yes\_\_\_ No\_\_\_
8. Are you an insulin dependent diabetic? Yes\_\_\_ No\_\_\_
9. Do you drink more than 3 alcoholic beverages per day? Yes\_\_\_ No\_\_\_
10. Do you have breast cancer? Yes\_\_\_ No\_\_\_ On an aromatase inhibitor? Yes\_\_\_ No\_\_\_
11. Do you have prostate cancer? Yes\_\_\_ No\_\_\_ On hormone therapy? Yes\_\_\_ No\_\_\_
12. Do you have kidney stones? Yes\_\_\_ No\_\_\_
13. Do you have celiac disease? Yes\_\_\_ No\_\_\_
14. Have you had gastric by-pass surgery? Yes\_\_\_ No\_\_\_
15. Are you postmenopausal? (WOMEN) Yes\_\_\_ No\_\_\_  
If NO, is there any chance of pregnancy? Yes\_\_\_ No\_\_\_
16. Do you have low testosterone? (MEN) Yes\_\_\_ No\_\_\_

## MEDICATION THAT YOU ARE TAKING NOW:

- Calcium: Yes\_\_\_ No\_\_\_
- Vitamin D: Yes\_\_\_ No\_\_\_
- Estrogen: Yes\_\_\_ No\_\_\_
- Evista (Raloxifen): Yes\_\_\_ No\_\_\_
- Atelvia/Actonel: Yes\_\_\_ No\_\_\_
- Fosamax (Alendronate): Yes\_\_\_ No\_\_\_
- Boniva: Yes\_\_\_ No\_\_\_
- IV Reclast: Yes\_\_\_ No\_\_\_
- Prolia: Yes\_\_\_ No\_\_\_
- Forteo: Yes\_\_\_ No\_\_\_
- Testosterone: Yes\_\_\_ No\_\_\_

