



CASE HISTORY QUESTIONNAIRE BONE DENSITY SCAN

Dear patient, please answer the following questions.

Surname _____ First name _____ Age _____

Body height _____ cm Body weight _____ kg

Have you ever had a bone density scan before? yes no

If yes, please state when and where. _____

Have you previously been diagnosed with osteoporosis? yes no

If yes, please state when and where. _____

Are we permitted to request the findings for comparison? yes no

Do you take medication for osteoporosis? yes no

If yes, which medication are you taking? _____

Have you had one or more vertebrae fractures? one fracture several fractures yes no

Have you had one or more fractures after you turned 50? yes no

If yes, which fractures? _____

Do you have an artificial hip joint? yes no

If yes, on which side? left right both sides

Have you been or are you undergoing cortisone therapy (steroids)? yes no

If yes, what is the dosage? _____

Do you have an overactive parathyroid (= hyperparathyroidism)? yes no

Have you been or are you being treated with aromatase inhibitors? yes no

Have you been or are you undergoing antiandrogen therapy? yes no

Are you deficient in estrogen? yes no

Do you suffer from a lack of growth hormones due to pituitary disease? yes no

Do you suffer from a rheumatic illness? yes no

Did one of your parents sustain a femoral neck fracture? yes no

Do any of your family members suffer from osteoporosis? yes no

Are you underweight? yes no

Is it difficult for you to move about and/or do you lack physical exercise? yes no

Do you smoke? yes no

Do you take sleeping pills? yes no

Do you take medication that can cause dizziness? yes no

Do you take antidepressants? yes no

Do you take neuroleptics = antipsychotics? yes no

Do you suffer from diabetes? yes no

If yes, which medication are you taking? _____

Have you had an operation on your stomach? yes no

Do you suffer from an overactive thyroid? yes no

Do you suffer from epilepsy? yes no

You are entitled to a copy of this medical history questionnaire. (Under Section 630 e, sub-section 2, sentence 2, BGB)

I do not require a copy of this medical history questionnaire. I would like a copy of this medical history questionnaire.

I agree to the planned medical examination.

Place, Date

Signature Patient