



**DEXA SCAN PATIENT INFORMATION**  
**CUMBERLAND FAMILY CARE, PC**

**Please be advised of the following:**

- 1) On the day you present for your scheduled dexa scan, please do not wear any clothing with zippers, metal buttons, etc.**
  
- 2) If you have had any radiological exam with contrast or barium in the last 7 to 10 days, the dexa will not work.**



**PATIENT'S MEDICAL HISTORY**

From the list below, please circle the number by any condition that applies to you now or in the past.

<b>Personal History</b>			
10	I am female	290	I am Hispanic
275	I am male	105	I am of Northern European ancestry
90	I am Caucasian (white)	65	I have a family history of osteoporosis
285	I am African-American (black)	85	I have used tobacco regularly now or in the past
95	I am Asian (oriental)	120	I have lost over an inch in height
<b>Medical History</b>			
245	I have a history of kidney stone		
70	I have a history of over-active thyroid gland	320	I have had a broken wrist.
395	I have a history of phlebitis (inflamed /infected vein, usually in the leg)	330	I have had a broken hip.
400	I have a history of a blood clot to the lung	335	I have had a broken rib.
430	I have a history of an under-active thyroid gland	340	I have had a broken bone in my pelvis.
240	I have a history of high blood calcium level	345	I have had a broken bone which was not due to an injury.
75	I have a history of over-active parathyroid gland.	350	I have had a broken bone not listed above.
420	I have a history of osteoporosis (thin/weak bones).	435	I have a hump in my upper back/shoulders.
325	I have had a broken bone in my spine.	425	I have back pain.
45	I have a history of alcoholism	155	I have a history of anorexia nervosa or bulimia
50	I have rheumatoid arthritis	140	I have a history of multiple myeloma (bone cancer)
<b>Female Reproductive System History</b>			
15	I had an early menopause (before age 50)	360	I have uterine fibroids (tumors in the uterus)
20	I have passed menopause	415	I had a hysterectomy (uterus surgically removed)
		390	I have a history of cervical or uterine cancer
40	My periods began after age 16	361	I have a fibrocystic breast disease (lumpy breasts)
160	I lost periods due to a heavy exercise routine	405	I have a history of breast cancer
165	I had both ovaries removed surgically	363	I have a family history of breast cancer
35	I have a history of irregular menstrual periods	25	I have a history of not having a period for more than 3 months at a time when I was not pregnant
<b>Medication History</b>			
60	I have used steroid/cortisone-like drugs	170	I have used thyroid hormone pills
200	I have used Phenobarbital or phenytoin (Dilantin)	180	I have a history treatment for cancer with chemotherapy
220	I use Mylanta or Maalox often		
<b>Diet and Exercise History</b>			
225	I usually eat meat twice daily	305	I exercise 3 or more times weekly
235	I follow a vegetarian diet	110	I don't exercise regularly
80	I use 2 or more alcoholic drinks daily	210	I use 2 or more soft drinks daily
310	I regularly include dairy in my diet	215	I use 2 or more cups of coffee or tea daily
195	I avoid milk and other dairy foods		