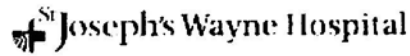


Imaging



A member of St. Joseph's Healthcare System
Tel: 973-595-1300

246 Hamburg Turnpike, Wayne, NJ 07470
Fax: 973-790-7297

DEXA FORM

NAME _____ DOB _____ ID# _____

REFERRING DOCTOR _____ MALE _____ FEMALE _____

RACE/ETHNIC BACKGROUND (Please circle one) Asian Black Hispanic White Native American

WEIGHT _____ HEIGHT _____ PRIOR DEXA DONE HERE? YES NO

MEDICAL HISTORY

Any history of fractures of the.... Hand Finger Foot Toes Ankle Spine Hip Other _____

Is this a BASELINE exam? Yes No

Do you have any of the following medical conditions?

Osteopenia	Osteoporosis	High Blood Pressure	High Cholesterol
Low Cholesterol	Grave's Disease	Crohn's Disease	Drastic Weight Loss
Height Loss	Hyperthyroid	Hypothyroid	Kidney/Renal Disease
Smoker	Alcoholism	Post Menopausal	Hysterectomy
Ovaries Removed	Liver Disease	Lower Immune System	

Are you currently taking any of the following medications?

Fosomax	Bonivia	Cholesterol Meds	Calcium
Vitamin D	Multivitamin	Caltrate	Evista
Actonol	Synthroid	High Blood Pressure meds	Steroids
Post Transplant meds			

Any prescribed medications for the treatment of bone loss _____

SJUI/DEXAFORM/MS/07152013/SD

DEXA SCAN

NOMBRE _____ FECHA DE NACIMIENTO _____

NOMBRE DE SU DOCTOR _____

ES USTED HOMBRE _____ MUJER _____

- RAZA? Asiatico Negro Hispano Blanco Native Americano/Indio

PESO _____ ALTURA _____ Examen hecho aqui antes? SI NO

MEDICAL HISTORY

La historia de las fracturas de el Dedo , mano, los dedos del pie, tobillo, cadera, columna

Tiene alguna de las siguientes condiciones medicas?

- | | | | |
|--------------------------|-----------------------------------|------------------------------|-------------------------|
| Osteopenia | Osteoporosis | Hipertension | Alto Cholesterol |
| Bajo Cholesterol | Enfermedad de Grave's | Enfermedad de Crohn's | |
| Perdida de peso | Sistema inmunologico menor | | |
| Perdida de altura | Hipertiroidism | Hipotiroidism | Enfermedad Renal |
| Fumador | Alcoholismo | Menopausia | Historectomia |
| Tiene Ovarios | Enfermedad del higado | | |

Está tomando cualquiera de los siguientes medicamentos?

- | | | | |
|-----------------------------|---------------------|---------------------------------|-----------------|
| Fosomax | Bonivia | Cholesterol Meds | Calcium |
| Vitamin D | Multivitamin | Caltrate | Evista |
| Actonol | Synthroid | High Blood Pressure meds | Steroids |
| Post Transplant meds | | | |

Cualquier medicamento recetado para el tratamiento de la pérdida de masa ósea