Röntgenpraxis im SpreeCenter

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Röntgen – MRT – Mammografie – Sonografie – Osteodensitometrie - Computertomografie

Questionnaire Osteodensitometry/ Bone Density Measurement

Please answer the following questions,
so we can better assess your personal risk of developing osteoporosis.

Name Age Sex Weight
Height previous Height

Do you have pain when walking? O Yes / No O
Do you smoke? O Yes / No O
Do you drink alcohol daily? O Yes / No O
Have you fallen without a cause in the past year? O Yes / No O
Have you ever broken anything?
What? When?.....
Have your parents suffered a fracture of the neck of the femur? O Yes / No O
Are you being or have you been treated with steroids(prednisolone, cortisone)?
O Yes / No O
Drug: Dose: Duration of use:

Do you suffer from any of the following conditions?		Medication for it
Tumor disease	O Yes / No O	O Yes / No O
Diabetes mellitus type 1	O Yes / No O	O Yes / No O
Rheumatism	O Yes / No O	O Yes / No O
Epilepsy	O Yes / No O	O Yes / No O
Depression	O Yes / No O	O Yes / No O
Kidney disease	O Yes / No O	O Yes / No O
Hyperthyroidism	O Yes / No O	O Yes / No O
Adrenal hyperfunction	O Yes / No O	O Yes / No O
Have you had stomach surgery	O Yes / No O	What: When:

For women:
Is there any possibility of pregnancy? O Yes / No O

Have you ever had a bone density measurement? O Yes / No O
If yes, When: Where:

Are you being or have you ever been treated for osteoporosis? O Yes / No O
If yes, How:

If your answer to at least one question was " yes", you are at an increased risk of developing osteoporosis to other patients of the same age an increased risk of developing osteoporosis and suffering a bone fracture. The result of the bone density measurement helps to assess this risk even more accurately and to optimize the preventive measures.

Signature: