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Wichita, KS 67226

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Cypress Imaging
A Division of the Wichita Radiological Group

Murdock
3232 E. Murdock
Wichita, KS 67208

(316) 219-6700
Fax: (316) 219-5825
Toll Free: (866) 803-2676

Place Patient ID label here

Date_____

Reason for exam?_____

Female Male Ethnicity_____ Weight_____ Height_____

Y N Are you or do you suspect that you are pregnant?
Y N Have you had any exam using ingested barium or IV contrast within the past 7 days?

History

Y N Have you had a Bone Density scan in the past? When?_____
Y N Prior surgery to your hip(s) or spine? If yes, please explain._____
Y N Do you have Hyperparathyroidism? Or high levels of calcium in your blood?
Y N Do you have Family history of osteoporosis/osteopenia? Who?_____
Y N Do you have personal history of Cancer? If so, what type?_____
Y N *Female patients only:* Have you gone through menopause? What age?____ Or have you had a Hysterectomy? What age?_____
Y N Did you have your ovaries removed? One____ or both____
Y N Do you take HRT (Hormone Replacement Therapy)?

Current Medication

Y N Are you being treated for Osteoporosis?
Y N Are you taking any vitamins or prescription medication for bone health?
If yes, what type?_____ How long?_____

Risk Factors for Osteoporosis

Y N Do you drink more than 3 drinks of Alcohol per day?
Y N Has either of your parents had a broken hip?
Y N Have you taken daily steroids (ie: Prednisone) for more than 3 months?
Y N Have you fractured a bone as an adult? If so, what body part?_____
Y N Have you been diagnosed with **Rheumatoid Arthritis?**
Y N Do you currently smoke cigarettes?
Y N Are you Type 1 Diabetic, or do you have any of the following? Liver disease, lung disease, chronic renal failure, anorexia/bulimia, Lupus, ankylosing spondylitis, inflammatory bowel disease, Celiac disease. (Please circle any that apply).

Patient Signature_____ Date_____