



Cape May Court House
421 Route 9 North
Cape May Court House, NJ 08210

Mays Landing
4450 Black Horse Pike, #3974
Mays Landing, NJ 08330

Egg Harbor Township
3100 Hingston Avenue, Suite 102
Egg Harbor Township, NJ 08234

Somers Point
30 East Maryland Avenue
Somers Point, NJ 08244

Galloway Township
44 East Jimmie Leeds Road
Galloway, NJ 08205

BONE DENSITY EXAMINATION INFORMATION

NAME _____ DATE OF BIRTH _____

TODAY'S DATE _____ REFERRING PHYSICIAN _____

SEX _____ AGE _____ HEIGHT _____ WEIGHT _____

RACE: WHITE AFRICAN AMERICAN HISPANIC ASIAN

HISTORY	YES	NO
Hysterectomy Year _____	<input type="checkbox"/>	<input type="checkbox"/>
Ovaries Removed	<input type="checkbox"/>	<input type="checkbox"/>
Low Back Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Hip Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Previous Personal History of Fracture	<input type="checkbox"/>	<input type="checkbox"/>
Fractured Hip in Parent	<input type="checkbox"/>	<input type="checkbox"/>
Smoking History		
Current	<input type="checkbox"/>	<input type="checkbox"/>
Prior	<input type="checkbox"/>	<input type="checkbox"/>
Cortisone/Prednisone		
Current	<input type="checkbox"/>	<input type="checkbox"/>
Prior	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many months of treatment? _____		
Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
If yes, treated with		
Insulin	<input type="checkbox"/>	<input type="checkbox"/>
Oral Meds	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>
Age at Menopause _____		
Alcohol Use		
<input type="checkbox"/> None		
<input type="checkbox"/> Occasional		
<input type="checkbox"/> Daily		
<input type="checkbox"/> More than two drinks/day		

Are you being treated for Osteoporosis? YES NO

If yes, with what medications? _____

Length of treatment? - _____

Why are you having this scan? _____

-----TECHNOLOGIST NOTES-----

Current DEXA sites evaluated: Spine Hip Forearm

Scan Notes (Artifact, positioning problems, difficulties, etc.) _____

Prior study sent to PACS YES NO

Densitometry Technologist _____