ARTHRITIS CONSULTANTS OF TIDEWATER

RHEUMATOLOGY · OSTEOPOROSIS · INTERNAL MEDICINE
PHONE (757) 491-7359 · FAX (757) 491-9359

GARY R. SEIGEL, M.D., F.A.C.R.
MICHAEL R. CANNON, M.D., F.A.C.R.
TATIANA KECK, M.D., F.A.C.R.
JANICE SHERWOOD, M.D., F.A.C.R.
FREDILYNN LANSANGAN, N.P.-C

Name: _____ Referring Doctor: _____

Date of Birth: _____ Primary Doctor of Care: _____

Sex: _____ Race: _____ SSN: _____

Have you ever had a bone density study before?	Yes	No
Was it within 2 years?	Yes	No
What was your maximum height?	_____ ft. _____ in.	
What is your weight?	_____ lbs.	
Are you pregnant or do you suspect that you are pregnant?	Yes	No
Have you been diagnosed with osteoporosis?	Yes	No
Has anyone in your family ever fractured a hip?	Yes	No
(If yes) Who? _____		
Have you had a fracture?	Yes	No
(If yes) Date of fracture? _____		
(If yes) What was fractured? _____		
Have you had surgery on your back?	Yes	No
Have you had surgery on your hip?	Yes	No
Have you had surgery on your abdomen?	Yes	No
Do you have metal implants?	Yes	No
(If yes) Where? _____		
Have you ever been a smoker?	Yes	No
(If yes) How many packs per day? _____		
(If yes) Have you quit smoking?	Yes	No

How many caffeinated drinks do you drink per day?

_____

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Have you reached menopause? Yes No
(If yes) At what age? _____

Have you had a hysterectomy? Yes No
(If yes) Date? _____

Have both of your ovaries been removed? Yes No
(If yes) Date? _____

Have you ever taken birth control pills? Yes No
(If yes) How long? _____

Do you exercise regularly? Yes No
How many days per week? _____
How long per day? _____

Have you ever used steroid drugs? Yes No
(If yes) How long? _____

Have you ever used any inhaled steroids? Yes No
(If yes) What kind of inhaler? _____
(If yes) How long? _____

Have you ever taken thyroid medications? Yes No
(If yes) Which medication? _____
(If yes) How long? _____

Are you allergic to any medications? Yes No
(If yes) What? _____

Have you ever been diagnosed with hyperparathyroidism? Yes No

Do you have an elevated calcium level? Yes No

Please list ALL current medication: _____

_____

_____