



TUBA CITY REGIONAL HEALTH CARE CORPORATION – Medical Imaging Department  
PO Box 600 – 167 N. Main Street  
Tuba City, Arizona 86045  
T: (928) 283-2908 Fax: (928) 283-1312

### DEXA Scan Questionnaire

NAME: \_\_\_\_\_ MRN: \_\_\_\_\_ DATE: \_\_\_\_\_

REFERRING PROVIDER (PLEASE PRINT): \_\_\_\_\_

Sex: Male / Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Ethnicity: Native American Caucasian African American Asian Hispanic Other

Are you in or have you gone through menopause? Yes / No At what age: \_\_\_\_\_

Have you had a hysterectomy? Yes / No Hormone replacement therapy? Yes / No # of years taken: \_\_\_\_\_

Have you ever broken your back, hip or forearm? Yes / No If Yes, what was broken? \_\_\_\_\_ Year? \_\_\_\_\_

Have you ever taken corticosteroids for over a month (prednisone, inhalers, etc)? Yes / No

**For Office Use Only**

Has the patient had any contrast in the past seven days? Yes/No Has the patient had a DEXA scan before? Yes/No



TUBA CITY REGIONAL HEALTH CARE CORPORATION – Medical Imaging Department  
PO Box 600 – 167 N. Main Street  
Tuba City, Arizona 86045  
T: (928) 283-2908 Fax: (928) 283-1312

### DEXA Scan Questionnaire

NAME: \_\_\_\_\_ MRN: \_\_\_\_\_ DATE: \_\_\_\_\_

REFERRING PROVIDER (PLEASE PRINT): \_\_\_\_\_

Sex: Male / Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Ethnicity: Native American Caucasian African American Asian Hispanic Other

Are you in or have you gone through menopause? Yes / No At what age: \_\_\_\_\_

Have you had a hysterectomy? Yes / No Hormone replacement therapy? Yes / No # of years taken: \_\_\_\_\_

Have you ever broken your back, hip or forearm? Yes / No If Yes, what was broken? \_\_\_\_\_ Year? \_\_\_\_\_

Have you ever taken corticosteroids for over a month (prednisone, inhalers, etc)? Yes / No

**For Office Use Only**

Has the patient had any contrast in the past seven days? Yes/No Has the patient had a DEXA scan before? Yes/No