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ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY

Account # \_\_\_\_\_ Today's Date \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Date of last exam \_\_\_\_\_ Where was it performed? \_\_\_\_\_

Send report to the following Physician[s]:

1. \_\_\_\_\_

2. \_\_\_\_\_

**Are you pregnant?** [ ] Yes [ ] No if No, Date of last period \_\_\_\_\_

**Have you had a hysterectomy?** [ ] Yes [ ] No if Yes, at what age: \_\_\_\_\_

**Have you experienced Menopause?** [ ] Yes [ ] No if Yes, at what age: \_\_\_\_\_

**In the past 7 days, have you had any of the following?** [ ] N/A

[ ] Barium Contrast Study [ ] Cat/Scan (w/contrast) [ ] Nuclear Medicine Study [ ] Iodine Study

**Place an "X" by all that apply to you:** [ ] N/A

[ ] Scoliosis (curvature of the spine) [ ] Spinal surgery or injury \_\_\_\_\_

[ ] Hip surgery or injury [ ] Left [ ] Right Any prosthesis [ ] Yes [ ] No

[ ] Had abdominal surgeries in the past

**Do you have any of the following Medical Conditions:** [ ] N/A

[ ] Anorexia or Bulimia [ ] Hyperparathyroidism

[ ] Asthma or Emphysema [ ] Seizure disorders

[ ] End stage renal disease [ ] Gastric Bypass Surgery

[ ] Bariatric (weight loss) Surgery [ ] Inflammatory Bowel Disease (Crohn's/Ulcerative Colitis)

[ ] Celiac Disease [ ] Diabetes

[ ] Rapid Significant Weight Loss

[ ] Cancer [ ] Other - Please specify \_\_\_\_\_

**Medications that can cause bone loss:** Place an "X" on the following Meds you are taking: [ ] N/A

- [ ] Thyroid Meds (Synthroid/Levothyroxine/Levoxyl) [ ] Metformin
- [ ] Blood Thinners (Coumadin, Heparin) [ ] Aspirin
- [ ] Diuretic (Lasix, Aldactone, Dyazide, Diamox, HCTZ, Furosemide)
- [ ] Antacids (Maalox, Gelusil, Mylanta, Riopan, Aludrox, Omeprazole, Ranitidine, Gaviscon, Amphojel)
- [ ] Steroids (Prednisone, Medrol, Cortisone, Advair, Asmanex, Dulera, Symbicort, Spiriva, Proventil)
- [ ] Anticonvulsants (Phenytoin, Dilantin, Phenobarbital)
- [ ] Gonadotropins [ ] Lithium

**Treatments: Place an "X" on the following Meds you have ever taken:** [ ] N/A

- |                            |                          |   |
|----------------------------|--------------------------|---|
| [ ] Actonel (Risedronate)  | [ ] Birth Control        | [ ] Calcium Supplements   |
| [ ] Evista (Raloxifene)    | [ ] ERT (Estrogen)       | [ ] Flouride Supplements  |
| [ ] Fosamax (Alendronate)  | [ ] HRT (Combo)          | [ ] Vitamin D   |
| [ ] Calcitonin (Miacalcin) | [ ] PTH-1-34             | [ ] Forteo (Teriparatide)<br><small>parathyroid hormone</small> |
| [ ] Reclast (Zoledronate)  | [ ] Boniva (Ibandronate) | [ ] Atelvia   |
| [ ] Strontium              | [ ] Prolia (Denosumab)   | [ ] Aredia  |

**INDICATIONS:** Place an "X" by all that apply to you: [ ] N/A

- [ ] Taking Seizure medication (anticonvulsants: example Dilantin)
- [ ] Are of Caucasian (white) Ethnicity
- [ ] Chemotherapy (Past or Present) \_\_\_\_\_
- [ ] Have a family history of Osteoporosis
- [ ] Had loss of height. If so, how many inches \_\_\_\_\_
- [ ] Diagnosed with Hyperparathyroid
- [ ] Have a low dietary calcium intake (milk, cheese, yogurt)
- [ ] Have been diagnosed with [ ] Osteopenia, or [ ] Osteoporosis
- [ ] I am prone to recurrent falls
- [ ] Have kidney problems (dysfunction, failure, on dialysis or have had a transplant)
- [ ] Have taken steroid therapy for 3 months or longer (cortisone, prednisone, inhalers, etc.)

**FRAX: Place an "X" by all that apply to you:**     N/A

History of fracture as an adult:     hip or  spine  
Have ever broken any other bones as an adult?     Yes     No  
Which Bone/s? \_\_\_\_\_

Family history of hip fracture (parent hip fracture)

Have 3 or more glasses of alcoholic beverages per day

Taking Glucocorticoids

Secondary Osteoporosis (Insulin dependent diabetic, Osteoimperfecta, Hyperthyroidism, untreated hypogonadism, premature menopause <45, chronic malnutrition, malabsorption, liver disease or undergoing chemo / radiation therapy)

Have been diagnosed with Rheumatoid Arthritis

Current Smoker     Past history of smoking