

Bone Density Test

Patient Information	
Full Name	
Date of Birth	
Gender	
Contact Number	
Address	
Medical History & Related Questions	
Known Bone-related Conditions	
Current Medications	
Previous Fractures or Bone Injuries	
Family History of Osteoporosis or Bone Disorders	
Menopause Status (if applicable)	☐ Pre-menopausal ☐ Post-menopausal ☐ Not Applicable
Calcium and Vitamin D Intake	☐ Adequate ☐ Inadequate ☐ Unsure
Alcohol and Tobacco Use	☐ Yes ☐ No
Physical Activity Level	☐ Sedentary ☐ Moderate ☐ Active

Tests Conducted	
Test Site	☐ Lumbar Spine ☐ Hip ☐ Forearm ☐ Other
Findings	
Basis for Findings	
T-score	
Z-score	
Interpretation	
T-score Interpretation	
Z-score Interpretation	
Overall Interpretation	
Bone Health Assessment	
Recommendations	