

# Bone Density Test

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

<b>Tests Conducted</b>	
<b>Test Site</b>	<input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Other
<b>Findings</b>	
<b>Basis for Findings</b>	
<b>T-score</b>	
<b>Z-score</b>	
<b>Interpretation</b>	
<b>T-score Interpretation</b>	
<b>Z-score Interpretation</b>	
<b>Overall Interpretation</b>	
<b>Bone Health Assessment</b>	
<b>Recommendations</b>	