



# PEDIATRIC BONE DENSITY EVALUATION

Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Puberty at Age: \_\_\_\_\_

Race: \_\_\_ African-American \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ other

## PREVIOUS BONE DENSITY TEST

Where \_\_\_\_\_ When \_\_\_\_\_ Result \_\_\_\_\_

Do you have any risk factors for Osteoporosis? Please check the ones that apply to you.

- Juvenile Rheumatoid Arthritis ..... ( )
- Diabetes ..... ( )
- Osteogenesis Imperfecta ..... ( )
- Hyperthyroidism ..... ( )
- Hyperparathyroidism ..... ( )
- Cushing's Syndrome ..... ( )
- Malabsorption Syndromes ..... ( )
- Anorexia Nervosa ..... ( )
- Kidney Disease ..... ( )
- Multiple Fractures ..... ( )
- Other..... ( )

Are you taking any of the following medications?

- Anticoagulants ..... ( )
- Corticosteroids ..... ( )
- Immunosuppressive Agents ..... ( )
- Chemotherapy ..... ( )

### CURRENT

Spine Average \_\_\_\_\_ g/cm<sup>2</sup>  
 Spine Z score \_\_\_\_\_  
 Total Body BMD \_\_\_\_\_ g/cm<sup>2</sup>  
 Total Body Z-Score \_\_\_\_\_

### PREVIOUS (Date : \_\_\_\_\_)

Spine Z-score \_\_\_\_\_  
 Total Body Z-Score \_\_\_\_\_

### IMPRESSION:

( ) High BMD ( ) Normal ( ) Osteopenia ( ) Osteoporosis ( ) Severe

Notes

Radiologist: (Please circle) BM OR TK

Revised: 7/01/09