BONE DENSITOMETRY (DEXA)

INFORMATION AND QUESTIONNAIRE

Imp_crm_____ Edition ___ Date ___/___/_____

OBS No. _____ Date ____/____/_____

INFORMATION ABOUT THE EXAMINATION

Bone densitometry (DEXA) is a simple, painless examination lasting about 10 minutes that measures bone mass and helps estimate the risk of fracture. It uses a very low radiation dose and no contrast agent.

- Lie on your back; the scanner arm passes over you without touching you.
- Preparation: do not take calcium supplements on the day of the examination (normal eating is allowed); wear clothing with no metal parts on the upper body (zips, buttons, an underwired bra).
- If you have had densitometry before, have your follow-up on the same machine/clinic and bring the previous report – only then is the comparison reliable.
- Pregnancy: the examination is not performed on pregnant women. Breastfeeding may continue as normal.

IMPORTANT – recent contrast examinations can invalidate the densitometry. Tell us if, in the last few weeks, you have had examinations with barium, iodinated contrast (CT), MRI contrast, oral contrast, or nuclear medicine / scintigraphy / PET. The same applies to recently taking Pepto-Bismol or liquid antacids containing aluminium.

Weight _____ kg Height _____ m Date of birth ___/___/____ Sex ____

Reason/indication for the examination _____

Referring doctor _____

RECENT INTERFERENCES

ANSWER WITH A CROSS (X)	NO	YES
In the last few weeks, have you had any contrast examination (barium, iodinated, gadolinium or oral contrast)?		
In the last few weeks, have you had nuclear medicine, scintigraphy or PET?		
Have you recently taken Pepto-Bismol or liquid antacids containing aluminium?		

If YES, state the examination and the date:

_____

PREVIOUS DENSITOMETRY

ANSWER WITH A CROSS (X)	NO	YES
Have you had bone densitometry (DEXA) before?		

If YES – date: ____/____/_____ Where (clinic/machine):

_____

RISK FACTORS FOR OSTEOPOROSIS AND FRACTURE

ANSWER WITH A CROSS (X)	NO	YES
Have you ever had a fragility fracture (after a fall from standing height)?		
Did your father or mother fracture a hip?		

ANSWER WITH A CROSS (X)	NO	YES
Do you currently smoke?		
Do you drink 3 or more alcoholic drinks a day?		
Do you take, or have you taken, corticosteroid tablets for 3 months or longer?		
Have you been diagnosed with rheumatoid arthritis?		
Did you reach the menopause before the age of 45?		
Do you have type 1 diabetes, untreated thyroid disease, chronic liver disease, malabsorption, renal impairment or hypogonadism?		
Have you lost more than 4 cm in height over your lifetime?		
Do you have a prosthesis or metal hardware in the hip/spine, scoliosis or spinal surgery?		

If you have had a fracture, state the site and the year: _____

Age at menopause: _____ years

CURRENT MEDICATION

Tick what you take: calcium ☐ vitamin D ☐ bisphosphonates/denosumab ☐ hormone therapy/oestrogens ☐ aromatase inhibitors ☐

Other medicines:

_____

PREGNANCY

ANSWER WITH A CROSS (X)	NO	YES
Are you pregnant or possibly pregnant?		

RESULTS (to be completed by the service)

Region	BMD (g/cm²)	T-score	T% (% young adult)	Z-score	Z% (% age-matched)	Classification (WHO)
Lumbar spine (L1–L4)						
Femur (total)						
Femoral neck						
Forearm (1/3 radius)						

Comparison with previous study / notes: _____

Signature or name of the patient or legal representative	Date
	____/____/_____
If the patient is unable to sign – identification (ID) number	**Relationship to patient**
Validated by (radiologist or radiographer)	**Date**
	____/____/_____

Data protection: the data collected are used solely to carry out the examination, produce its report and keep the clinical record, and are processed under the GDPR (Regulation (EU) 2016/679) and Portuguese Law No. 58/2019. You may exercise your rights of access, rectification and the other rights provided by law with CRMA (Data Protection Officer).