



SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM
DEPARTMENT OF RADIOLOGY
CHECKLIST FOR BONE DENSITOMETER

NAME: NAMA:	REGISTRATION NO: NO. PENDAFTARAN:
NRIC/PASSPORT NO.: NO KAD PENGENALAN/PASPORT:	WARD/DEPARTMENT: WAD/JABATAN:
DATE: TARIKH:	TIME: AM/PM MASA: PAGI/PETANG
PROCEDURE: PROSEDUR:	

PLEASE TICK (v) IN THE BOX

Sila tanda (v) di dalam kotak

NO <i>Bil</i>	DECLARATION <i>Pengakuan</i>	YES <i>Ya</i>	NO <i>Tidak</i>
	Is there any chance that you might be pregnant?		
	Have you performed this examination previously? If yes, at which medical facility? Date? <i>Jika ya, dimana? Bila?</i>		
	Have you had a hip replacement surgery? If yes, which side of hip was it performed on? (Right / Left / Both) <i>(Kanan / Kiri / Kedua-duanya)</i>		
	Have you had any surgery on your lower back? If yes, which procedure(s)? <i>Jika ya, prosedur mana?</i>		
	Do you have a known SCOLIOSIS of your spine?		
6.	Have you had any examination within the past 14 days where you were injected or ingested a contrast material, i.e. BARIUM? If so which exam? <i>BARIUM? Jika pernah, pemeriksaan apakah?</i>		
	Do you have a family history of OSTEOPOROSIS ?		
	Are you currently on any medications? If yes, please list <i>Jika ya, senaraikan.....</i>		
	Are you POST – MENOPAUSAL ? If yes, what age did menopause occur? <i>Jika ya, bilakah menopause tersebut berlaku?</i>		
	Do you take Calcium Supplements ? If yes, how often? <i>Jika ya, berapakah kekerapannya?</i>		
	Have you had a HYSTERECTOMY ? If yes, Partial/Complete <i>Jika ya, separuh / lengkap</i>		
	Are you on HORMONE REPLACEMENT THERAPY ?		

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	Adakah anda dalam HORMONE REPLACEMENT THERAPY ? Jika ya, berapa tahun?		
	Do you have any perceived height loss ?		
	Do you or have taken CORTICOSTEROIDS ?		
	Do you Exercise regularly ?		
	Do you Drink Alcohol ?		
	Do you Drink Soda ?		
	Do you Drink Coffee ?		

Signature of Medical Officer/Specialist

Tandatangan Pegawai Peubatan/Pakar

Signature of patient

Tandatangan pesakit

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RADIOLOGY USE ONLY	MEDICAL OFFICER/RADIOLOGIST	RADIOGRAPHER
Counter Check List:		