

**MinatoCityOsteoporosisScreening/Bone Densitometry Test
Consultation Sheet & Results Sheet**

Please answer all the questions in the thick-framed boxes. If you are under treatment for osteoporosis you are not eligible for this service.

Date	Month Day Year	Date of birth	Month Day Year
Name in <i>Katakana</i>			
Name		Tel.	()

Examinee checklist	(Interview Questions)
	1. Answer the following questions about your current health:
	1) Do you feel your height has decreased, your back has become rounded, or your lower back is crooked? 1. No 2. Yes
	2) Do you have lower back or back pain? 1. No 2. Yes
	3) Have you ever had a fracture? 1. No 2. Yes*
	* If yes, where? 1. Spine, lumbar spine 2. Thigh bone 3. Arm 4. Other ()
	Causes: 1. Fall 2. Accident 3. Sport 4. Other ()
	4) Is your menstrual cycle regular? 1. Regular 2. Irregular 3. Menopause (year)
	2. Answer the following questions on any diagnosis or treatment you have received:
	1) Do you take any medication for osteoporosis? 1. No 2. Yes ()
2) Have you been treated with corticosteroids? 1. No 2. Yes ()	
3) Have you undergone gynecological surgery? 1. No 2. Yes*	
* If yes, what type of surgery? 1. Hysterectomy 2. Removal of one ovary 3. Removal of both ovaries	
4) Are you under treatment for any disease? 1. No 2. Yes ()	
5) Have you ever suffered from any disease? 1. No 2. Yes ()	
3. Answer the following questions about your everyday life:	
1) Do you currently (within the last 1 year) exercise regularly? 1. No 2. Yes	
2) How often do you eat dairy products (cheese and yogurt, etc.)? 1. Every day 2. 3 to 6 days/week 3. 1 or 2 days/week 4. Seldom	
3) How often do you eat seafood? 1. Every day 2. 3 to 6 days/week 3. 1 or 2 days/week 4. Seldom	
4) Have you ever gone on a diet? 1. No 2. Yes*	
* If yes, at what Age (), How often (), Max. () kg weight loss (kg → kg)	
5) Do you smoke? 1. Yes 2. No 3. Have quit	
6) Do you drink alcohol? 1. Yes 2. No 3. Have quit	

For medical institution use only	Measurement site (check <input type="checkbox"/>) <input type="checkbox"/> Lumbar spine <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh <input type="checkbox"/> Metacarpal bone	Bone mineral ensity	Bone density		
				Over 80%	80% to 70%
		YAM	Normal	Follow-up	Further examination or treatment
		%	*Circle the answer in the relevant column		

Name of medical institution doing the checkup	Special notes	
Doctor's name		
Tel.		
For submission to Minato City Office	Reference number	