

# Minato City Medical Checkup Bone Density Test: Patient Interview (Request) & Report Sheet

**Paste the bone density test ticket here.**

For requesting clinic use only			Hospital	Please <b>use a ball point pen and write firmly</b> ; this is a set of four carbon copied sheets.	
			Clinic	Please perform Bone Density Test in the following patient.	
			Date of birth		
	Name		Month	Day	Year
Tel.					

Checklist for patient	<b>&lt;Questionnaire for interview&gt;</b>					
	1. Is your upper back curving? Is your back bending?	1 No	2 Yes			
	2. Do you have back pain?	1 No	2 Yes			
	3. Have your bones been broken?	1 No	2 Yes			
	* Those who answer "Yes";					
	• Which bone was broken?	1 Back or hip bone	2 Thighbone	3 Wrist	4 Shoulder	5 Others (      )
	• Reasons?	1 Falling	2 Accident	3 Exercise	4 Others (      )	
	4. Your menstruation is	1 Normal	2 Abnormal	3 Menopause (Age:      )		
	5. Have you had steroid treatment?	1 No	2 Yes			
	6. Have you had an operation for women's disease?	1 No	2 Yes			
Those who answer "Yes";						
* What kind of operation was it?				1 Hysterectomy (uterus resection)	2 Unilateral ovarian resection	
				3 Bilateral ovarian resection	4 Others	
7. Do you do regular physical exercise recently (within one year)?	1 No	2 Yes				
8. How often do you take milk products?	1 Everyday	2 3 to 6 times a week				
				3 1 to 2 times a week	4 Scarcely	
9. Do you currently take calcium or vitamin D from supplementary foods such as health foods and dietary supplement?	1 No	2 Yes				
10. Have you been on a diet in the past?	1 No	2 Yes				
* Those who answer "Yes";				Age:      Times:      Max. (      )kg down (      kg →      kg)		

For clinic carrying for bone density test only	Results of bone density test	Completed on	Month	Day	Year	
	Bone mineral density	Bone density			Special notes	
	YAM%	Over 80%	80 to 70%	Under 70%		
		Normal	Follow-up	Specialist examination or medical treatment		

Medical institution for medical checkup Name Address  Tel.
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Medical institution for funduscopy Name Address  Tel.
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(To Minato City)

Reference No.	
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