**Study Code: Scan No#: .**

**Surname: Given Names:**

**Date of Birth: Age:**

**Weight (kg): Height (cm):**

**Important Instructions**:

Please wear comfortable clothing without zippers, metal studs and sequins.

Please avoid wearing a bra which has a metal lining (sports crop bra preferable).

Please remove all metallic objects prior to the DEXA scan. This will include mobile phone, keys, hair pins and clips, piercings, jewellery, watch, and any objects in pockets.

Please remain as still as possible throughout the DEXA scan (whole body scans will take approx. 7 mins).

If you have any concerns or questions please consult the DEXA Technologist prior to the DEXA scan.

*Please tick* ***any******devices*** *you have in this list:*

 Hearing aid Ear/body piercings

 Metal pins, rods or screws in bone/soft tissue Shrapnel, bullet, gunshot

 Denture/teeth braces/orthodontic implants Joint replacement or prosthesis

 any other implanted metallic device

*Recent imaging tests:*

Have you had X-ray/CT, Nuclear Medicine Images or tracers (dyes) in the last 1-2 week? No Yes

If YES, what test and when (day)?.......................................................................................................................

*Recent density tests (DEXA):*

Have you previously had a bone density test (DEXA)? No Yes

If YES, when and where?

*Other factors:*

Do you currently smoke? No Yes 🡪 If YES, how many cigarettes/day?..................

Do you consume alcohol? No Yes 🡪 If YES, how many standard drinks/day?..................

Are you pregnant or are could you be pregnant? No Yes

Are you trying to become pregnant? No Yes

Are you breastfeeding? No Yes

**Signed:**……………………………………………………………………………….. **Date:**………/…………/……………..

Any queries about your participation in this project may be directed to:

(Insert Name)

College of Sport and Exercise Science

Victoria University

Email: name.surname@live.vu.edu.au