

Please answer the following questions, checking all that apply to you. If you are unsure of how to answer, leave the question unanswered, and we will assist you. All answers will be kept in strict confidence and treated as medical record information.

PATIENT INFORMATION:

Name: _____ MRN: _____ Date of birth: _____
 Referred by: _____
 Height: _____ Weight: _____ Sex: Male Female
 Race: African American Asian Caucasian Hispanic Other _____

PATIENT HISTORY:

Have you fractured any bones during your **adult** life? Yes No
 Is there any current fracture or history of fracture in a first-degree relative? Yes No Child Parent
 Have you been diagnosed with any vertebral compression fractures? Yes No

 Have you fractured or had surgery on your femur (including hip)? Yes No Right Left
 Have you fractured or had surgery on your forearm/wrist? Yes No Right Left
 Have you had any surgery on your low back? Yes No
 Are you a current smoker? Yes No
 Have you had a Bone Density Scan (DEXA)? Yes No
 (If yes) Date: _____
 Where: _____

Have you taken/are taking any of the following medications?

Actonel (Risedronate) Anticonvulsants (for seizure, epilepsy) Boniva Calcium Chemotherapy
 Evista (Raloxifene) Forteo Fosamax (Alendronate) Heparin Hormones Levothyroid
 Levothyroxine Levoxyl Lithium Loop diuretics (Lasix, Burnex, Edecrin) Methotrexate
 Miacalcin/calcitonin Reclast Steroids Synthroid Unithroid

Please check all that apply to you:

Amenorrhea Breast CA Corticosteroid (adrenal) disease Diabetes
 Eating disorders (anorexia nervosa, bulimia, etc.) Family history of Osteoporosis Hyperparathyroidism
 Hyperthyroidism Loss of height Malabsorption (due to stomach or intestinal surgery, Crohn's, etc.)
 Osteopenia Osteoporosis Prostate CA Renal disease Scoliosis

Have you had any of the following exams in the last 10 days?

Nuclear Medicine CT

Date: _____

What type of exam? _____

What was the date of last Menstrual Period? _____

Hysterectomy Ovaries Removed Postmenopausal

Patient signature: _____ **Date:** _____

