

OSTEOPOROSIS QUESTIONNAIRE

Name: _____	Date: _____

Referring Physician: _____	DOB: _____

Race (values correlate for ethnicity): _____	

Chief complaint: _____

Present height: _____ Height 1 year ago: _____ Weight: _____

Pain: _____ Yes _____ No Where? _____ How long? _____

Have you ever had a bone density study done? _____ Yes _____ No Where? _____

If you answered yes, was the study done within the last 2 years? _____ Yes _____ No

Are you now, or have you in the past taken:

Estrogen _____ Yes _____ No How much? _____ How long? _____

Calcium _____ Yes _____ No How much? _____ How long? _____

Progesterone _____ Yes _____ No How much? _____ How long? _____

Vitamin D _____ Yes _____ No How much? _____ How long? _____

Actonel, Fosamax, Evista, Calcitonin, Boniva, _____ How much? _____ How long? _____

Forteo, Reclast (Please circle all that apply)

Exercise:

Type (i.e., walk, run, swim, weights) _____ Frequency (i.e., daily, weekly) _____

How long have you maintained an exercise program? _____

Do you have, or have you ever had in the past, any of the following disorders?	Yes	No
Severe malnutrition, greater than 30 lb. weight loss?		
Low estrogen or ovaries removed?		
Cushing's Disease?		
Hyperparathyroid Disease?		
Hyperprolactinemia?		
Gastrointestinal disorder/abdominal surgery to remove part of your intestine?		
Kidney Disease?		
Liver Disease?		
Multiple myeloma?		
Hysterectomy?		
Arthritis of the lower spine?		
Immobilized/worn a cast for more than 2 weeks?		
Do you smoke?		
Have you used any of the following in the past 3 years?		

Antacids for more than 6 months?	Yes	No	Anticonvulsants - Dilantin?	Yes	No
Steroids – Prednisone			Heparin?		
Phenobarbital?			Methotrexate?		
Vitamin D?			Thyroid Medication?		
Previous surgeries:					
Females: Last menstrual Period:					
Have you lost any vertebral height?					
Have you had a fracture of your bones? Which bones: When:					
Is there a family history of osteoporosis? In whom?					