

OSTEOPOROSIS QUESTIONNAIRE

Name: _____	Birthdate: _____
Date: _____	Race: _____
Chart #: _____	Height: _____
Doctor: _____	Weight: _____

Completing this form, helps us evaluate your risk for osteoporosis

	YES	NO
1. Is there a chance that you might be pregnant?		
2. Have you had a Barium X-Ray or any Nuclear Medicine test within the last two weeks?		
3. Have you ever had a DEXA (Bone) scan? If yes, When & Where? _____		
4. Have you been diagnosed with osteoporosis? If yes, are you being treated for it? If yes, How? _____		
5. Do you have scoliosis (curvature) of the spine?		
6. Do you have kyphosis (humpback)?		
7. Age of your first menstrual cycle? _____		
8. Have you gone through menopause? _____ If yes, What age? _____		
9. Have you had a hysterectomy?		
10. Do you take estrogen replacement?		
11. Have you had an organ transplant?		
12. Have you lost any height within the last 2 years?		
13. Have you broken any bones within the last 5 years? If yes, What bone(s)? _____		
14. Do you drink caffeinated beverages? _____		
15. Do you smoke cigarettes? If yes, What amount? _____ per day		
16. Do you exercise? (circle one) _____	<i>Daily</i>	<i>Weekly</i> <i>Not at All</i>

Please list all medication you are currently taking, including any Vitamins or over the counter medicines: _____

Are you allergic to any medicines? If Yes, what?: _____

(OVER)

Name: _____

Date: _____

Chart #: _____

Please Check any of the following that apply to you:

FAMILY INFORMATION

- Family history of osteoporosis
- Family history of arthritis
- Family history of bone fractures

PERSONAL INFORMATION

- Anorexia nervosa (Eating disorder)
- Bulimia (Eating disorder)
- Back pain
- Back Surgery When? _____ Where? _____
- Hip Surgery When? _____ Where? _____
- Breast cancer
- Diabetes
- Disabled/Immobilized
- Epilepsy
- Gastrointestinal disorders
- Thyroid disease/dysfunction
- Kidney disease
- Liver disease
- Rheumatoid arthritis
- Vitamin D deficiency
- Addison's Disease - Endocrine disorder
- Crohn's disease - Inflammation of the gastrointestinal tract
- Cushing disease - Extended high doses of steroids
- Grave's disease - Enlarged thyroid gland, overactive thyroid
- Inflammatory Bowel disease
- Paget's disease - Loss of bone

PLEASE COMPLETE BOTH SIDES OF THIS FORM

I understand that if my insurance company denies this service, I am financially responsible for all charges.

(Patient's signature and date)