Colorado Mountain Medical

Osteoporosis Questionnaire-

Date:_____Name:_____ DOB:_____

F/M Weight:_____ Current Height:_____ Tallest Height:_____ Race:_____

Referring Physician:_____ Have you been diagnosed as having Osteoporosis Y/N

Have you had a Barium X-ray or Nuclear Medicine test within the past two weeks? Y/N Date:_____

Gynecologic (Women Only)

Age your period started:_____ Any chance you are pregnant?_____ Date of last cycle:_____

Have you gone through Menopause?:_____ At what age?_____ Hysterectomy?_____

Have you had your ovaries removed?_____ At what age?_____ One or Both?_____

As an adult, have your periods ever stopped for more than 6 months, other than when you were pregnant? Y/N

If "Yes" please explain_____

Are you currently on hormone replacement?_____ How many years?_____

Your Medical History:

___Abdominal Surgery ___Family History of Osteoporosis ___Kidney/Liver Disease

___Asthma ___Hip Surgery ___Osteopenia

___Back Pain ___Hypothyroidism ___Osteoporosis

___Back Surgery ___Inflammatory Bowel Disease ___Parathyroid Disease

___Cancer (what kind)_____ ___Rheumatoid Arthritis

___Degenerative Arthritis ___Seizure Disorder

___Diabetes ___Other:_____

Medications that you take:-

___ Calcium ___Estrogen ___Multivitamins ___Tamoxifen ___Vitamin D

___Bisphosphonates: (Actonel/Boniva/Fosamax) ___Thyroid Replacement ___Diuretics

___Nasal Calcitonin ___Steroids (Perdnisone) ___Forteo ___Progesterone

___Vitamin D ___Evista ___Heparin ___Seizure Medication

Your Life style:

Alcohol use? Y/N How many per week?_____ Caffeine use? Y/N How many per day?_____

Tobacco Use Y/N How many per day?_____ How many years?_____

Exercise: Type?_____ Frequency?_____

Any Fractures since the age of25 years?_____ Which bones and how?_____