Bone Health Risk Assessment

Name____________________________

Date of Birth______________________

You have a scheduled appointment for evaluation of bone health

Please fill out the following questionnaire prior to your visit

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1) **Mark all that Apply:** □ Osteopenia date of diagnosis_______
□ Osteoporosis date of diagnosis_______

Dates of prior bone densities

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2) **History of medication and suuplement use:**

□ alendronate (Fosamax) Length of therapy________________
□ risendronate (Actonel) Length of therapy________________
□ ibandronate (Boniva) Length of therapy________________
□ zoledronic acid (Reclast) Length of therapy________________
□ denosuman (Prolia) Length of therapy________________
□ teriparatide (Forteo) Length of therapy________________
□ abaloparatide (Tymlos) Length of therapy________________
□ raloxifene (Evista) Length of therapy________________

□ Calcium Supplement
name_______________
dose________________
Frequency__________

□ Vitamin D Supplement
dose________________
Frequency__________

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4) **Have you gone through menopause?** □ Yes □ No If yes, at what age?_____________
Type of menopause: □ Natural □ Surgical □ Medication-induced
Prior use of hormone therapy? □ Yes □ No Dates of therapy______________

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5) **Do you have a**

- **History of fractures** □Yes □No
If yes, please provide details:
Age Bone Cause of Fracture

- **Family history of osteoporosis** □ Yes □ No
If yes, please list details:
Family Member History of fracture

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6) **Do you have a history of smoking?** □Yes □ No
If yes, □ current or □ prior use

How many alcoholic beverages do you have in 1 week on average? _________

Maximum height ________________
Current Height_________________
Lowest adult weight_____________
Highest adult weight____________

Sources of weight bearing exercise:

□ walking □ yoga □ dancing
□ running □ pilates □ aerobics
□ hiking □ Thai Chi □ other
□ strength training □ racquet sports ________ ________

7) **Do you have any of these conditions?**

□ Hyperthyroidism □ Rheumatoid Arthritis
□ Lupus □ Hyperparathyroidism
□ Celiac disease □ High calcium levels
□ Kidney Stones □ Bariatric surgery

8) **Have you ever taken any of these medications?**

□ Glucocorticoids (prednisone, dexamethasone)
□ Antiseizure agents (Dilantin, phenobarbital)
□ PPIs (Nexium, Prilosec, Protonix, Dexilant)

9) **Sources of dietary calcium:**

□ milk □ yogurt □ fortified OJ
□ soymilk □ cheese □ almond milk
□ spinach □ kale □ broccoli
□ other ___________________________