

FRACTURE RISK ASSESSMENT

Patient Name: _____ Date of birth: _____ PCP: _____

Have you had any broken bones after the age of 50? y/n

Do you have any known height loss over the last several years? y/n, how much _____

Do you have any family history of either osteoporosis or hip/spine fracture, particularly in your mother? y/n

Do you have any of the following medical conditions: Circle all that apply

Rheumatoid arthritis

Lupus

Celiac Disease/Inflammatory bowel disease

Breast/Prostate/Bone Cancer

Diabetes

Chronic Obstructive Pulmonary Disease (COPD)

Chronic kidney disease

Liver disease

Stroke

Parkinson's disease

Multiple sclerosis (MS)

Hyperparathyroidism

Hyperthyroidism

Paget's disease

Have you ever taken any of the following medications: circle all that apply

Glucocorticoids (Prednisone, methylprednisolone, dexamethasone)

Chemotherapeutic drugs

Antiseizure medication (phenobarbital, dilantin, phenytoin)

Lithium

SSRIs (Celexa [citalopram], prozac [fluoxetine])

PPIs (nexium [omeprazole], Prilosec [omeprazole])

Heparin

Have you ever had a gastrointestinal bypass or weight loss procedure? y/n

Have you ever been told you have osteoporosis? y/n

Have you every had a bone density test? If so, when and where?

Have you every received treatment for osteoporosis?

Fosamax [alendronate]

Boniva [ibandronate sodium]

Actonel [risedronate sodium]

Reclast [zoledronic acid injection]

Prolia [denosumab]

Forteo [teriparatide injection]

Tymlos [abaloparatide injection]

Do you take a calcium supplement? y/n, quantity _____

Do you take a vitamin D supplement? y/n, quantity _____

Do you:

Smoke, if so how much _____

Drink alcohol, if so how much _____

Exercise, amount per week _____ type of exercise _____