

Fracture Risk Assessment

Name _____

DOB: _____

Have you had any fractures (broken bones) after the age of 50? If yes, explain _____

Have you had any height loss, and if so, how much? _____

Do you have a family history, particularly in your mother, of osteoporosis, hip or spine fracture? Explain _____

When did you complete menopause? Explain _____

Do you have any of the following medical conditions:

- Rheumatoid arthritis* *Lupus* *Celiac Disease/Inflammatory bowel disease*
- Breast/Prostate/Bone Cancer* *Diabetes* *Chronic kidney disease* *Stroke*
- Chronic Obstructive Pulmonary Disease (COPD)* *Liver disease* *Paget's Disease*
- Parkinson's disease* *Multiple sclerosis (MS)* *Hyperparathyroidism*

Have you ever taken any of the following medications:

Glucocorticoids (prednisone, methylprednisolone, dexamethasone)

Chemotherapeutic Drugs and/or Radiation

PPIs (nexium [omeprazole], prilosec [pantoprazole])

Antiseizure medication (phenobarbital, dilantin, phenytoin)

Lithium *Heparin* *SSRIs (Celexa [citalopram], prozac [fluoxetine])*

Have you ever had a gastrointestinal bypass or weight loss procedure? _____

Have you ever been told you have osteoporosis? _____

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

Have you ever received treatment for osteoporosis (fosamax, boniva, actonel, reclast, prolia, forteo, tymlos, evenity, evista)? _____

Do you take a calcium supplement? Vitamin D supplement? How much? _____

Do you currently smoke cigarettes, or have you in the past? Explain _____

How many alcoholic beverages do you drink per day? _____

Explain your weekly exercise quantity and activities: _____

Do you go to the dentist regularly? Last visit? _____

How many falls have you had in the past year? _____