



Bone Health Fracture Risk Assessment

Patient Name

Date of Birth:

Have you had any fractures (broken bones) including your back after the age of 50?

If yes, please specify which bones, when and how it occurred

Current Height Current Weight HEIGHT loss

Do you have a family history of osteoporosis?

Have either parents broken a hip?

Do you have any of the following medical conditions (Please circle and answer questions if applicable)

Rheumatoid arthritis Lupus Celiac Disease/Inflammatory bowel disease

Cancer, which type?

Diabetes, type? Chronic kidney disease, which stage? Liver Disease

Stroke, when? Heart attack, when? COPD Paget's disease

Parkinson's disease Multiple sclerosis (MS) Thyroid disorder Parathyroid disorder

History of calcium kidney stones, how many?

Have you ever taken any of the following medications (Please circle and specify current or past)

Oral steroids PPI (Nexium/omeprazole; Prilosec/pantoprazole)

Chemotherapy Radiation Seizure medication

Lithium Heparin SSRI

WOMEN ONLY: Have you stopped menstruating? What age did you stop?

Are you taking, or have you ever taken hormone replacement therapy?

Have you ever had a gastric bypass or weight loss procedure?

Have you ever been told that you had osteoporosis or osteopenia?

Have you ever had a DEXA (bone density scan), if so, when, and where?

Have you ever been prescribed or taken any of the following medications for your bones? (Please specify approximate start and stop date)

Fosamax Boniva Actonel Reclast Prolia

Forteo Tymlos Evenity Evista

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

Do you currently smoke? Past? How many alcoholic beverages do you drink per day?

Explain weekly exercise Falls in the last year?

When was your last dental exam?