



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? _____