

**Patient Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

When was your last bone density test (DEXA)- Approx Month/Year: \_\_\_\_\_ Location: \_\_\_\_\_

Physician who ordered the test \_\_\_\_\_ or:  I have never had a bone density test (DEXA)

Have you previously been diagnosed with osteoporosis or osteopenia:  YES  NO

What medications have you taken for bone health/osteoporosis:

Fosamax  Reclast  Boniva  Forteo  Actonel  Evista  Prolia  Calcium  Vitamin D

Years on above medication: \_\_\_\_\_ and are you currently taking it  YES  NO

Side effects from any above medications taken (GERD/heartburn/bone pain, etc.): \_\_\_\_\_

Have you fallen in the last year:  YES  NO If yes, how many times: \_\_\_\_\_

**\*\*\* Please answer all portions of the questions in this area to the best of your knowledge\*\*\***

Have you taken or are currently taking any antidepressants:  YES  NO If yes, name: \_\_\_\_\_

Have you taken or are currently taking any acid reflux medications:  YES  NO If yes, name: \_\_\_\_\_

Have you ever taken steroids long term (due to ASTHMA/COPD/CROHN'S DISEASE/ETC.)  YES  NO

Have you ever suffered a fracture as an adult:  YES  NO If yes, which bones: \_\_\_\_\_

Do you or have you smoked cigarettes or cigars:  YES  NO How packs per day \_\_\_\_\_

Do you have family members who have had fractures due to osteoporosis (hip/spine):  YES  NO

Are you taking any type of birth control pills:  YES  NO If yes, how long: \_\_\_\_\_

Are you post-menopausal?  YES  NO At what age did you go through menopause: \_\_\_\_\_

Are you currently suffering from back pain:  YES  NO If yes: Low back or mid-back or neck

Have you ever been diagnosed with cancer or received radiation therapy?  YES  NO

**Males:** Have you had your testosterone levels checked?  YES  NO If yes, when: \_\_\_\_\_

**Males:** Have you been diagnosed or treated for low testosterone/hypogonadism?  YES  NO

Are you currently taking or have you taken narcotics for longer than 3 months.  YES  NO