



OSTEOPOROSIS QUESTIONNAIRE

(PLEASE PRINT)

NAME _____ BIRTHDATE _____ AGE _____
LAST FIRST MI

PHYSICIAN _____ HEIGHT _____ WEIGHT _____

HAVE YOU EVER BEEN DIAGNOSED WITH OSTEOPOROSIS OR OSTEOPENIA? YES NO

IF YES, WHEN? _____

PLEASE LIST ALL CURRENT MEDICATIONS (INCLUDING VITAMINS AND SUPPLEMENTS)? _____

HAVE YOU EVER SMOKED CIGARETTES? YES NO IF YES, NUMBER OF YEARS? _____

HAVE YOU BROKEN ANY BONES (AS CHILD OR ADULT?) YES NO

IF YES, PLEASE LIST ALL SITES AND DATES _____

CHRONIC CONDITIONS/ILLNESSES

CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU:

- HYPERACTIVE THYROID ORGAN TRANSPLANT
PARATHYROID DISEASE CROHN'S DISEASE
PAGET'S DISEASE INTESTINAL MALABSORPTION
GRAVE'S DISEASE SURGERY ON BACK OR EITHER HIP
CUSHING'S SYNDROME FAMILY HISTORY OF OSTEOPOROSIS
ANOREXIA NERVOSA AND/OR BULEMIA FAMILY HISTORY OF HIP FRACTURES
HEIGHT LOSS ARTHRITIS

MEDICATIONS

I HAVE TAKEN:

- STERIODS (PREDNISONE, CORTISONE)
THRYOID PILLS
SEIZURE MEDICATIONS
ANTICOAGULANTS (COUMADIN, HEPARIN, WARFARIN, ETC.)
MEDICATIONS FOR OSTEOPOROSIS IF YES, WHAT AND FOR HOW LONG

FOR WOMEN ONLY

- ARE YOU POST MENOPAUSAL? IF YES, AT WHAT AGE?
HAVE YOU TAKEN HORMONE REPLACEMENT THERAPY? IF YES, WHEN?
HAVE YOU HAD A HYSTERECTOMY? IF YES, AT WHAT AGE?
HAVE YOU HAD YOUR OVARIES REMOVED? IF YES, AT WHAT AGE?
HAVE YOU BEEN DIAGNOSED WITH BREAST CANCER?

FOR MEN ONLY

- HAVE YOU EVER BEEN ON LUPRON THERAPY FOR PROSTATE CANCER?
HAVE YOU BEEN DIAGNOSED AS HAVING TESTICULAR DYSFUNCTION?