



OSTEOPOROSIS RISKS FORM

PRINT this form, fill it out, then fax it to us or bring it to your visit with the other initial patient visit forms. Find the picture of a printer in the upper left corner of this form and click on it to print.

Thanks!

Name: _____ **Referring Doctor:** _____

Date of Birth: _____

To help to identify women & men who are susceptible to fracture and osteoporosis and to potentially provide direction for a treatment plan, please fill out this questionnaire. Please check all areas that apply to you:

The reason that I am getting a DEXA bone density test is: _____

Age: _____

- Caucasian or Asian race
- Sedentary lifestyle (I am not a regular exercising person)
- Smoking—(past or present) (please explain # of years and packs per day): _____
- Low body weight
- Family history of osteoporosis
- Alcohol intake of more than 1 drink per day—(past or present, please explain): _____
- Prolonged calcium-deficient diet
- No children
- Long-term use of certain medications (steroids or glucocorticoids, anti-seizure medication or phenytoin, thyroid hormone, sleeping pills; please explain): _____
- Estrogen-deficient states (no replacement or female hormones after menopause or hysterectomy)
- History of fracture as an adult (please explain): _____
- Family history of hip fracture (please explain): _____
- Tall height
- Increased likelihood of falling
- Poor vision
- Bedroom is not on the ground floor
- Hardwood floor in the house
- Other medical problems that I have: _____
- Medications that I currently use (include vitamins, hormones, and calcium): _____

Thank you for filling out this form! Hopefully it will help your doctor to develop a complete treatment plan for you. A full report will be sent to your doctor within 3 days. Your doctor will contact you with the results. Thanks again from the staff at The Endocrine Clinic!