

Name: _____ Date of birth: _____

Race: Asian Black White Hispanic Other _____

Height: _____ Weight: _____

Medications: _____

Do you have a family history of osteoporosis? Yes No

Do you smoke tobacco? Yes No

Do you drink alcohol? Yes No

Do you exercise? Yes No

Is your diet low in dairy products & other sources of calcium? Yes No

Are you a postmenopausal woman? Yes No

If yes, when did you start medications? _____

Do you take estrogen or progesterone medications? Yes No

Did you ever fracture your hip? If yes, when? _____ Yes No

Did you ever fracture your spine? If yes, when? _____ Yes No

Did you ever fracture your wrist? If yes, when? _____ Yes No

Have you had other fractures since age 50? Yes No

Have you had surgery on your hip? Yes No

Have you had surgery on your spine? Yes No

Have you had surgery on your wrist? Yes No

Have you lost more than 2" of height since high school? Yes No

Do you have hyperparathyroidism? Yes No

Do you take thyroid medications regularly? Yes No

Do you take prednisone or other steroids regularly? Yes No

Risk factors for Osteoporosis and Osteoporotic Fractures

Advancing age
 Low calcium or Vit D intake
 High caffeine intake
 Hyperparathyroidism
 Anticoagulant use

Female sex
 Excessive alcohol intake
 Sedentary lifestyle or immob.
 Hypercortisolism
 Thyroxine use

Caucasian or Asian ethnicity
 Low body mass index
 Primary or sec. Amenorrhea
 Hypogonadism (in men)
 Heparin use

Family Hx. of fractures
 Smoking
 Hyperthyroidism
 Corticosteroid use
 Anorexia nervosa