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Orthopedic Surgery  
Sports Medicine  
Arthroscopy  
Joint Replacement  
Fracture Care  
Hand & Upper Extremity Care  
Comprehensive Back & Neck Care  
Open MRI & Bone Densitometer

## OSTEOPOROSIS QUESTIONNAIRE

Today's Date: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Have you ever had a previous bone density test? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Have you ever broken any bones? \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

Have you gone through menopause? \_\_\_\_\_

Have you ever taken hormone replacement? \_\_\_\_\_

Do you take any calcium? \_\_\_\_\_

Are you on any medicine for osteoporosis (i.e. Fosamax, Actonel, Forteo, Evista, or Miacalin)?  
\_\_\_\_\_

Have you ever had:	Yes	No
Rheumatoid Arthritis	_____	_____
Thyroid Problems	_____	_____
Breast Cancer	_____	_____
Chronic Steroid Use	_____	_____
Do you smoke?	_____	_____