

Robert E. Bayless, M.D.
 Steven B. Sanders, M.D.
 R. Mills Roberts, M.D.
 John G. Westkaemper, M.D.
 Mark A. Kazewych, M.D.
 Yong T. Pak, M.D.



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?	_____	_____