

BONE HEALTH ASSESSMENT



Name: _____

| Age: | Weight: | Height (at your tallest): | Height (current): |
|---|---------|---------------------------|-------------------|
| Have you fractured a bone as an adult? | | Yes | No |
| | | | Location: _____ |
| Family History of fractures due to osteoporosis (Hip/Spine) | | Yes | No |
| Do you now, or have you ever smoked cigarettes in the past? | | Yes | No |
| _____ Packs per day | | x _____ number of years? | Quit Date: _____ |

Medication History :

| | | | |
|---|-----|----|-------------|
| Steroids (asthma, lung disease, inflammation) | Yes | No | |
| Methotrexate | Yes | No | |
| Anticonvulsants | Yes | No | |
| Thyroid Hormones | Yes | No | |
| Osteoporosis Medication | Yes | No | |
| Estrogen | Yes | No | |
| Have you had a DEXA Scan within the last two years? | Yes | No | Date: _____ |
| Have you been diagnosed with cancer and received radiation? | Yes | No | Date: _____ |

Women:

Are you post-menopausal? Yes No Natural or Surgical (circle one)

Men:

| | | | |
|--|-----|----|--------------|
| Have you had your testosterone levels checked? | Yes | No | Level: _____ |
| Have you been treated for low testosterone? | Yes | No | |

Provider Notes:

Disposition: _____

For office use only:

733.00 Osteoporosis, 733.09 Steroid Induced Osteoporosis, 733.12 Wrist Fx, 733.01 Vert Fx
733.01 Post Menopausal Osteo, 733.14 Hip Fx, 733.13 Spinal Compression Fx, 733.10 Fragility Fx