ProHealth PHYSICIANS Part of OptumCare®

ProHealth Physicians Bone Density Questionnaire

Patient Name:	Date of Birth:
Tallest Height (young adult) (in.):	Current Height (in)
Current Weight (lbs.)	Gender: Female or Male
Ethnicity (circle): Asian African/Amer Hispanic White Other	
Date:	

History	YES	IF YES	NO
Fracture after age of 50?		List which bone?	
Has a Parent had a hip fracture?		**Circle** Mother Father	
Lower back or Hip Surgery?		**Circle** Lower Back Hip	
Do you smoke?			
Steroid USE? (Example- Prednisone for more than 3 months)			
Do you have Rheumatoid Arthritis?			
More than 3 alcohol drinks/day?			
Do you have Liver Disease?			
Do you have Type 1 diabetes?			
Do you have Osteogenesis Imperfecta?			
Do you have malabsorption?			
Do you have hyperparathyroidism?			
Do you take Calcium Supplements?		________ mg/day	
Do you take Vitamin D Supplements?		________ mg/day	
Female Patients			
Do you still get a period?		LMP:	
Have you had a hysterectomy?		When?	
Haver your ovaries been removed?		When?	

Medications	YES	IF YES When/How Long	NO
Actonel (Risedronate)			
Atelvia			
Boniva			
Estrogen			
Fosamax (Alendronate)			
Forteo			
Prolia			
Reclast			
Anticonvulsant (Seizure med)			
Thyroid Med			
Tamoxifen, Arimidex, Femara			
Depo-Provera shots			
Lupron			
Testosterone			
Other:			

Notes:

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Technologist initials: