

OSTEOPOROSIS QUESTIONNAIRE

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Dear Patient,

Your doctor has requested a bone density test to help evaluate your condition. I hope that you will find your visit to the center is a pleasant one. If you have any questions or concerns about your visit, the test, or your bill, please let the technician or Dr. Lang know about it. The interpretation will depend, in part, on your medical history. Please answer these questions as accurately as possible. Thank you.

Name: _____ Date: _____

Social Security # _____ Date of Birth: _____

Please Circle: Male or Female Caucasian, African American, Asian or Hispanic

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Referring Doctor: _____

Radioactive isotopes, barium, contrasts, and dyes used in some types of X-ray procedures interfere with the bone density exam. Please let us know if you have had any of these procedures in the two weeks before your scheduled bone density exam. (Please do not take calcium supplements 24 hours before test). Also, please refrain from wearing any perfume or perfumed powder. Thank you. Please wear comfortable clothing, no zippers or clasps. To insure accurate results, we may have you wear a medical gown for the procedure.

At your tallest, what was your height in feet and inches? _____

If you are still menstruating, what was the date of you last period? _____

If past menopause, estimate the year you last had a menstrual period? _____

Have you ever used (estrogen) hormone replacement therapy? _____ dates

I take calcium _____ mg. daily I take Vitamin D _____ i.u. daily

Below, please list all medications (prescription and over the counter), vitamins and mineral supplements, natural herbs or drugs, and homeopathic therapies you are currently taking. Please list the dose and amount per day. Please note if you are currently using any prescription medicine for treatment of osteoporosis (daily, weekly, oral, injectable, intranasal)

- 1. _____ 5. _____
- 2. _____ 6. _____
- 3. _____ 7. _____
- 4. _____ 8. _____

I take medicine to treat osteopenia or osteoporosis:

- ? Fosamax ? Boniva (oral or iv) ? Miacalcin
- ? Actonel ? Evista ? Didronel
- ? Forteo ? Reclast

RISK FACTORS FOR OSTEOPOROSIS

From the list below, please CIRCLE THE NUMBER by any condition that applies to you now or in the past. **If not sure leave blank**

- 10 – I am Female.
- 90 – I am Caucasian.
- 95 – I am Asian.
- 80 – I use 3 or more alcoholic drinks daily.
- 85 – I currently use tobacco.
- 15 – I stopped having menstrual periods before age 45.
- 20 – I stopped having menstrual periods at or after age 45.
- 165 – I have had both ovaries removed surgically. When:_____
- 120 – I have lost over an inch in height.
- 25 – I have a history of Celiac disease, Sprue, Crohn’s disease or malabsorption.
- 155 – I have had anorexia nervosa or bulimia (or chronic malnutrition).
- 195 – I avoid milk and other dairy foods.
- 235 – I follow a vegetarian diet.
- 45 – I have chronic liver disease or history of alcoholism.
- 245 – I have a history of a kidney stone.
- 75 – I have a history of hyperparathyroidism (my calcium has been too high).
- 170 – I have been treated for a thyroid condition (medicine prescribed)_____
- 70 – I have had an over-active thyroid gland (too much thyroid) _____years
- 50 – I have rheumatoid arthritis. (RA, not osteoarthritis)
- 60 – I have used cortisone-like drugs for a 3 month period. Amount_____
- 426 – I have Type I (insulin dependent) diabetes
- 427 – I have osteogenesis imperfecta. (genetic osteoporosis)
- 428 – (Men only) I have hypogonadism (low testosterone).
- 140 – I have a history of multiple myeloma(cancer that involves cells in bone marrow).
- 65 – My mother or father had a hip fracture.
- 320 – I have had a wrist fracture. Approximate date:_____
- 330 – I have had a hip fracture. Right or Left? Approximate date:_____
- 335 – I have had a rib fracture. Approximate date:_____
- 345 – I have had a stress fracture. Where?_____Approximate date:_____
- 350 – I have had a fracture not listed above. Where?_____Approximate date_____
- 425 – I have back pain.
- 110 – I don’t exercise regularly.
- 115 – I have been immobilized due to prolonged illness or recovery from surgery (unable to exercise). Please explain_____

Name and address of other provider(s) to whom you would like a report sent.

Would you be interested in participating in an osteoporosis research study? If eligible, you would receive study medication, laboratory tests, bone density testing at no cost and you would be compensated for your time and travel expenses. ___yes___no

Doctor’s Medical Notes:

Date:

Height:

Weight:

