OSNC
Orthopaedic Specialists of North County

Oceanside Office
3905 Waring Road
Oceanside, CA 92056

Carlsbad Office
6121 Paseo Del Norte, Ste 200
Carlsbad, CA 92011

760-724-9000 / Fax: 760-724-3686 / www.orthonorthcountry.com

BONE DENSITY QUESTIONNAIRE

NAME _____ **TODAY'S DATE** _____

PATIENT ACCT# _____ **SEX** _____ **DOB** _____

CURRENT HEIGHT _____ **WEIGHT** _____ **REFERRING PHYSICIAN** _____

When was your last Bone Density Study? _____ **ETHNICITY** _____

Please answer YES or NO

YES	NO		
☐	☐	1. Have you had any fractures during your adult life?	_____
☐	☐	2. Did either of your parents ever have a hip fracture?	_____
☐	☐	3. Do you smoke?	_____
☐	☐	4. Have you ever taken Glucocorticoids? Or steroid therapy?	_____
☐	☐	5. Do you have rheumatoid arthritis? Or Auto Immune disorder?	_____
☐	☐	6. Do you have secondary osteoporosis?	_____
☐	☐	7. Do you drink 3 or more alcoholic drinks per day?	_____
☐	☐	8. Do you have a family history of Osteoporosis?	_____

Have you ever taken any of the following medications?

YES	NO			YES	NO		
☐	☐	Actonel	_____ dose	☐	☐	Boniva _	_____ dose
☐	☐	Evista	_____ dose	☐	☐	Forteo _	_____ dose
☐	☐	Fosamax	_____ dose	☐	☐	Vitamin D	_____ dose
☐	☐	Miacalcin	_____ dose	☐	☐	Calcium	_____ dose
☐	☐	Reclast	_____ dose	☐	☐	Hormone Replacement Therapy	_____ dose
☐	☐	Other _	_____ dose				

Do you have any of the following medical conditions?

☐ Anorexia or Bulimia ☐ Any Seizure Disorders ☐ End stage renal disease ☐ Inflammatory bowel disease

☐ Asthma or Emphysema ☐ Cancer ☐ Hyperparathyroidism ☐ Hysterectomy

What was your maximum height? _____

Do you perform weight bearing exercise regularly? _____

Do you consume dairy products regularly? _____

Do you drink caffeinated beverages? _____

For Women Only

Do you think you might currently be pregnant? _____

Are you still menstruating? ___ If no, at what age did you go through menopause? _____

Have you had a hysterectomy? _____ **Partial Complete** If yes, what year _____

Were your ovaries removed? _____ Are you currently taking hormone pills? _____