Healthy Bone Clinic Registration Assessment

Patient: ________________________  Age: ______  DOB: _________  Date: __________

MRN#: __________________________

Please check all that apply to you, then answer the questions below.*

__ Personal history of fracture as an adult (e.g. wrist, rib, pelvis, hip, etc.)
__ Parent, grandparent or sibling had a hip or spine fracture
__ Caucasian or Asian race
__ Poor health / frailty
__ Current or past tobacco use
__ Hypogonadism or deficiency of sex hormones (for men)
__ Low body weight (less than 127 lbs.)
__ Loss of 1 ½ or more inches in height
__ History of anorexia, bulimia, or other similar eating disorder
__ Surgical removal of both ovaries or menopause before age 45
__ Lack of Menstrual cycles for more than one year (for reasons other than pregnancy or menopause)
__ Lifelong history of a low calcium or vitamin D in diet
__ 2 or more hard liquor drinks or 3 or more beers per day on average
__ Impaired eyesight or poor depth perception, despite correction
__ Frequent imbalance or falls
__ Parkinson's disease or medicine use for depression
__ Use of insulin for diabetes for 10 years or more
__ On feet 4 hours or less a day
__ Tall stature (more than 5 feet 5 inches) (for women)
__ Exercise less than three times a week (“exercise” means jogging, weight lifting, aerobics, etc.)
__ Excessive production of thyroid or parathyroid glands, or elevated blood calcium- past or present
__ Deficient kidney or liver function for 6 months or more
__ Treatment with cyclosporine for an organ transplant
__ Anticonvulsant (seizure) therapy (e.g., Dilantin or Phenobarbital)
__ Diuretic therapy with Lasix, Bumex, or Edecrin
__ History of steroid tablet use (e.g. cortisone, prednisone) or high dose asthma inhales for 6 months or more
__ Caffeine intake more than the equivalent of two cups of coffee per day (including soda)
__ Gastrointestinal malabsorption - surgical removal of stomach or small bowel, or frequent diarrhea (e.g. from Crohn’s disease or celiac disease)
__ Inability to rise from a chair without arms
__ Rheumatoid arthritis or Crushing’s syndrome
__ History of chemotherapy or radiation treatments, multiple myeloma or Paget’s disease
__ Osteogenesis imperfecta
__ Cognitive impairment or dementia
Summary of symptoms.

Women:

1. Female; 50(+) years of age; postmenopausal with 1 or more risk factors checked………………..Yes   No
2. Female; 50(+) years of age; menopausal with 1 or more risk factors checked………………...Yes   No
3. Female; 50(+)yrs of age; hormone replacement therapy for more than two years.........................Yes   No
4. Female 50(+) yrs of age; premenopausal with 2 or more risk factors .................................Yes   No

Men:

1. Male; 50(+) yrs of age with 3 or more risk factors checked
   (Check risk factors above that apply).........................................................................Yes   No
2. Male with a previous fracture?
   (Check risk factors above that apply).........................................................................Yes   No
3. Male; 50(+) ; history of smoking.........................................................................................Yes   No