

# 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 inhalers 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
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*Below is to be completed by the Medical Assistant or Physician Assistant.*

**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