



Lawrence Endocrinology

Affiliated with Lawrence Memorial Hospital

Patient name: _____ Date of birth: _____

OSTEOPOROSIS – NEW PATIENT

1. Do you have any history of fractures without significant trauma? If yes, when (approx.)?

2. Do you have any family history of osteoporosis or hip fracture in old age? Yes No
3. Have you used steroids like prednisone, dexamethasone, steroid creams for prolonged periods (over months)? Yes No
4. Have you ever taken anti-seizure medications such as phenobarbital or phenytoin? Yes No
5. Do you have any issues with chronic diarrhea? Yes No
6. For postmenopausal women, how old were you when you stopped having menstrual periods?
7. Do you consume dairy products like milk, cheese, yogurt? Approx how many servings daily?
8. Do you smoke, or have you ever smoked? Yes No
9. Do you drink alcohol? If yes, how often?
10. Do you exercise? If yes, how often and for how long?
11. Have you ever taken medications for osteoporosis such as Fosamax, Reclast, Forteo, Prolia, Boniva? If yes, please list the approx. duration and when you stopped the medication. _____

12. Have you ever had kidney stones? Yes No
13. Do you take any calcium or vitamin D supplements? If yes, what doses?
14. Do you have any issues with balance? Any falls in the past year? Yes No