



Osteoporosis Center

At Rogue Valley Physicians, PC

Office Use Only	Date _____
RVP ID No _____	
Ht: ____' ____"	Weight ____ lbs.
_____ cm and _____ kg	
Height Diff = ____"	Prev Study: _____

Patient Questionnaire

Please complete and bring this form with you to your appointment.

Name:		DOB:
Sex: <input type="radio"/> Female <input type="radio"/> Male	Your Age: _____ years.	
Have you had a previous bone density scan? If so, date: _____ Location: _____		<input type="radio"/> Yes <input type="radio"/> No
At your tallest, how tall were you? Ht: ____feet ____inches.		
Name of your Primary Care Physician/Provider?		
Since age 40, have you broken any of the following? <input type="radio"/> Humerus(Arm) <input type="radio"/> Wrist <input type="radio"/> Spine <input type="radio"/> Hip <input type="radio"/> None		
If YES, how did this happen?		
Has a parent or sibling broken a hip from a simple fall or bump?		<input type="radio"/> Yes <input type="radio"/> No
Do you have a mother, father, brother or sister with osteoporosis?		<input type="radio"/> Yes <input type="radio"/> No
Do you currently smoke?		<input type="radio"/> Yes <input type="radio"/> No
Do you drink more than 2 drinks of alcohol daily?		<input type="radio"/> Yes <input type="radio"/> No
Medication History:		
Have you taken more than 7.5 mg of prednisone daily for more than 3 months in the past?		<input type="radio"/> Yes <input type="radio"/> No
Do you take medication for seizures or transplant rejection?		<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> ♀	Do you take <input type="radio"/> Arimidex <input type="radio"/> Aromasin or <input type="radio"/> Femara for treatment of breast cancer? <input type="radio"/> No	
<input type="radio"/> ♂	Do you take <input type="radio"/> Lupron <input type="radio"/> Zoladex or <input type="radio"/> Casodex for Prostate Cancer? <input type="radio"/> No	
Have you ever taken medications for Osteoporosis? If so, list names and approximate start and stop dates.		<input type="radio"/> Yes <input type="radio"/> No
Please List any other medications you take regularly:		

1/21/10