



OSTEOPOROSIS SCREENING FORM

PATIENT NAME _____ EXAM DATE _____

CHART # _____ WEIGHT _____ DOB _____ DX CODE _____

REFERRING DR. _____ PRIMARY DR. _____ CC _____

The National Osteoporosis Foundation recognizes that the most objective way to diagnose osteoporosis is to measure the bone mineral density. Please answer the following questions with a YES or NO and sign where indicated below.

1. HAS ANYONE IN YOUR FAMILY HAD OSTEOPOROSIS? ☐ YES ☐ NO
2. HAS ANYONE IN YOUR FAMILY HAD A FRACTURE/BROKEN BONE AFTER THE AGE OF 45? ☐ YES ☐ NO
IF YES, WAS THIS THE RESULT ON A MOTOR VEHICLE ACCIDENT? ☐ YES ☐ NO
3. HAS OSTEOPOROSIS BEEN NOTED ON A PREVIOUS X-RAY? ☐ YES ☐ NO
4. DO YOU TAKE CALCIUM SUPPLEMENT? ☐ YES ☐ NO
5. DO YOU SMOKE CIGARETTES? ☐ YES ☐ NO
6. ARE YOU PHYSICALLY ACTIVE? ☐ YES ☐ NO
7. HAVE YOU HAD A BONE MINERAL DENSITY TEST WITHIN THE LAST 12 MONTHS? ☐ YES ☐ NO
8. SINCE THE AGE OF 45, HAVE YOU BROKEN OR FRACTURED ANY BONES ☐ YES ☐ NO
IF YES, WAS THIS THE RESULT ON A MOTOR VEHICLE ACCIDENT? ☐ YES ☐ NO
9. HAVE YOU BEEN DIAGNOSED OR SUFFER FROM ANY OF THE FOLLOWING:
RHEUMATOID ARTHRITIS ☐ MALABSORPTION SYNDROME ☐ CROHNS DISEASE ☐
CHRONIC RENAL FAILURE ☐ ULCERATIVE COLITIS ☐ ORGAN TRANSPLANT ☐
ANOREXIA OR BULIMIA ☐ OSTEOMALACIA ☐ LIVER DISEASE ☐
VITAMIN D DEFICIENCY ☐ ENDOEMTRIOSIS ☐ ACROMEGALY ☐
MULTIPLE MYELOMA ☐ THYROID OR PARATHYROID DISEASE ☐
10. ARE YOU CURRENTLY TAKING ANY MEDICATIONS FOR OSTEOPOROSIS?
MICALCIUM ☐ FOSAMAX ☐ EVISTA ☐ ACTONEL ☐ PAMIDRONATE ☐ BONIVA ☐
11. HAVE YOU EVER TAKEN OR ARE YOU CURRENTLY TAKING ANY OF THE FOLLOWING:
THYROID HORMONES ☐ STEROIDS ☐ SEIZURE MEDICATIONS ☐

FEMALE PATIENTS PLEASE ANSWER THE FOLLOWING:

1. ARE YOU POST MENOPAUSAL? ☐ YES ☐ NO
2. HAVE YOU HAD A HYSTERECTOMY? ☐ YES ☐ NO
IF YES, HOW OLD WERE YOU? _____ WAS IT A TOTAL HYSTERECTOMY? ☐ YES ☐ NO
3. ARE YOU TAKING ESTROGEN REPLACEMENT HORMONES? ☐ YES ☐ NO
IF NO, HAVE YOU TAKEN ESTROGEN REPLACEMENT HORMONES IN THE PAST? ☐ YES ☐ NO
4. ARE YOU PREGNANT? ☐ YES ☐ NO
5. DATE OF LAST MENSTRUAL PERIOD? _____

PATIENT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY BELOW THIS LINE

CHANGE FROM INITIAL ASSESSMENT ☐ YES ☐ NO _____

TYPE OF PROCEDURE: _____

PROCEDURE AND PRE AND POST PREPARATION EXPLAINED TO:

PATIENT ☐ FATHER ☐ MOTHER ☐ GUARDIAN ☐ OTHER ☐ _____

TECH SIGNATURE _____

VERBALIZES UNDERSTANDING OF PROCEDURE AND POST PROCEDURE INSTRUCTIONS: ☐ YES ☐ NO