CONCORD ORTHOPAEDICS
RHEUMATOLOGY
METABOLIC BONE DISEASE

264 Pleasant Street
Concord, NH 03301
(603) 224-3368

Dear Patient,

You were recently schedule for an appointment at Concord Orthopaedics for a bone density study to evaluate for osteoporosis. We would like to welcome you and give you some information about what will occur during your visit.

Osteoporosis is a disease that causes bones to become fragile, making them more likely to break. If left untreated, osteoporosis progresses silently until a bone breaks. The good news is that individuals can take steps to prevent, diagnose, and treat this debilitating disease.

Enclosed is an osteoporosis questionnaire. Please take the time to answer all the sections completely and as accurately as you can. A complete medication list, including vitamins and herbal preparations is essential. You may list these medications on the form or bring them with you on the day of your appointment. If you take a calcium supplement please discontinue it 48 hours prior to the study. Please wear pants with an elastic waist band, or you may need to change into shorts at the time of your exam. Please no underwire bra.

We will review the questionnaire with you and then perform the test called a DEXA scan. This is not the same as a bone scan. It is quick and non-invasive. Dr. Shirley, Dr. Phillips, and Dr. Orzano will then discuss the results of the test as well as any further evaluation and/or treatment needed.

Please feel free to contact one of our Patient Care Coordinators, Becky or Lisa, if you have any questions. We look forward to seeing you at your appointment.

CONCORD ORTHOPAEDICS

Osteoporosis Questionnaire

Name: _____ **DOB** _____ **Date:** _____

Primary Care Physician: _____

Is there a chance you are pregnant? ☐ Yes ☐ No

Have you have a nuclear scan in the last week? ☐ Yes ☐ No

Have you had an x-ray with barium or dye in the last 2 weeks? ☐ Yes ☐ No

If you answered YES to any of the above questions, please inform the staff promptly.

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Caucasian ☐ Black ☐ Asian ☐ Hispanic ☐ Other

Your tallest height? (late teens / early adult height) _____

RISK FACTORS FOR FALLS

Have you fallen in the past year? ☐ Yes ☐ No

Do you have a problem with: ☐ Dizziness ☐ Balance ☐ Vision

Broken bones from minimal or no trauma? (check all that apply):

☐ Hip ☐ Pelvis ☐ Wrist ☐ Shoulder ☐ Spine

FAMILY HISTORY

Do you have a family history of osteoporosis? ☐ Yes ☐ No

Any relative with hip fractures? ☐ Yes ☐ No If yes, who: _____

DIETARY HISTORY AND LIFESTYLE FACTORS

How many servings of dairy do have daily? _____

Do you take a calcium supplement? ☐ Yes ☐ No If yes, how much? _____

Do you take a vitamin D supplement? ☐ Yes ☐ No If yes, how much? _____

How many alcoholic beverages do you consume in a week? _____

How many caffeinated beverages do you consume daily? _____

Do you exercise? ☐ Yes ☐ No If yes, how and how often? _____

Do you use tobacco products? ☐ Yes ☐ No

MEDICAL HISTORY

☐ Rheumatoid Arthritis	☐ Diabetes	☐ Osteoporosis
☐ Paget's Disease	☐ Kidney Disease	☐ Eating Disorder
☐ Ulcerative Colitis	☐ Crohn's Disease	☐ Cushing's
☐ Overactive Thyroid	☐ Celiac Disease	☐ Osteogenesis Imperfect
☐ Cancer: Type _____		

CONCORD ORTHOPAEDICS

Osteoporosis Questionnaire

SURGICAL HISTORY Check all that apply:

☐ Thyroid Surgery ☐ Parathyroid ☐ Spine surgery ☐ Hip surgery ☐ RT ☐ LT

☐ Removal of uterus Date: _____ ☐ Kyphoplasty

☐ Removal of ovaries: ☐ One ☐ Both Date: _____

MEDICATIONS

Have you ever taken any of the following medications?

☐ Prednisone or other steroid

☐ Seizure medicine which one(s) _____

☐ Thyroid hormone

☐ Alendronate (Fosamax)

☐ Residronate (Actonel)

☐ Ibandronate (Boniva)

☐ Prolia

☐ Pamidronate

☐ Zolendronic acid (Reclast, Zometa)

☐ Raloxifene (Evista)

☐ Teraperatide (Forteo)

☐ Nasal Calcitonin (Myacalcin)

☐ Estrogen / HRT

FOR WOMAN

Are you still having menstrual periods? ☐ Yes ☐ No

Do/did you have irregular menses? ☐ Yes ☐ No

Age with first menstrual period? ☐ Yes ☐ No

Age with last menstrual period? _____

Have you taken birth control pills? ☐ Yes ☐ No

Have you been on hormonal replacement? ☐ Yes ☐ No

If yes, currently? _____ For how many years? _____

FOR MEN

Do you have low testosterone (male hormone)? ☐ Yes ☐ No ☐ Unknown

Do you have decreased libido? ☐ Yes ☐ No