



Osteoporosis Risk Assessment

Name: _____ Date: _____ DOB: _____ Height: _____ Weight: _____

Please answer each question:	YES	NO
If you are age 50+, have you ever had a broken bone? (not including hands, feet or skull)		
Did either of your parents have a hip fracture or a known diagnosis of osteoporosis?		
Do you smoke cigarettes now or have you ever smoked or used tobacco products?		
If YES for how many years? _____		
Do you drink alcoholic beverages regularly or have in the past? (3+ drinks daily)		
Have you ever taken oral steroids, like Prednisone, for longer than 3 months at a time?		
Have you ever been diagnosed with rheumatoid arthritis?		
Do you routinely take supplements of calcium and vitamin D?		
Have you had a recent bone density (DXA) scan? (within the past 2 years)		
Have you fallen in the past 12 months?		
If YES , how many times? _____		
Are you diabetic?		
Have you ever had radiation treatment for any reason?		
Have you had a heart attack or stroke in the past year?		
Have you taken any of the following medications in the past on a regular basis?		
Anti-reflux medications for heart burn		
Anti-depressant medications		
Aromatase inhibitors for breast cancer		
Hormone therapy for prostate cancer		
Have you taken any of the following medications in the past on a regular basis? (circle)		
Fosamax	Boniva	Reclast
Actonel	Prolia	
Forteo	Tymlos	Evenity
Raloxifene		