Pinnacle MEDICAL GROUP

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 SYNDOME ❑	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?
    MIACALCIUM ❑ 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