Osteoporosis Questionnaire:

Last Name:          First Name:          DOB:
MRN:               Pt. phone #
DOI:               DOS:           Insurance:
Mechanism of Injury:
Fracture:
FRAX score:
PCP: Where send bone density:
Group:
Phone #
Fax #
DEXA Hx:
Pre-injury meds:  Ca  Vitamin D  Evista  HRT  Fosamax  Actonel  Boniva  Forteo
   Miacalcin  Reclast  Aredia  Zometa  Prolia
Ht:
Wt:
Exercise:
Smoker:
Alcohol:
Previous Fx:
Parental Hip Fx:
Steroid Use:
RA:
Race:
Menopause:
PPI:
SSRI:
Recommendations:

Own the Bone Disclaimer:
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This document has been provided by: Greenville Hospital System University Medical Center
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If you have any questions about this Material, please contact Own the Bone at (847) 318-7336.