

Date of Follow-up: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Did the patient expire within 90 days of fracture, prior to all or part of follow-up being performed?**

Yes  No

**Was this patient lost to follow-up?**

Yes  No

**Has this patient had a subsequent fracture since her/his initial fracture or last follow up?**

Yes  No

**To be completed by phone or follow-up visit with the patient.**

**Have you seen a doctor other than your orthopaedic surgeon since you were discharged?**

Yes  No  N/A

**Have you had a bone density test? (also called DXA or DXA scan)**

Yes  No  N/A

**if yes, date of Test:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Unknown

**Lumbar Spine T-Score:** \_\_\_\_\_

**Lumbar Spine BmD g/cm<sup>2</sup>:** \_\_\_\_\_ g/cm<sup>2</sup>

**Femoral Neck T-Score:** \_\_\_\_\_

**Femoral Neck BmD g/cm<sup>2</sup>:** \_\_\_\_\_ g/cm<sup>2</sup>

**Distal Forearm T-Score**

**(If spine and/or hip technically not available):** \_\_\_\_\_

**Distal Forearm BmD g/cm<sup>2</sup> (If spine and/or hip technically not available):** \_\_\_\_\_ g/cm<sup>2</sup>

Score Unknown

**Type of Densitometer:**

Hologic  Lunar (GE)  Norland  Other

If Other Densitometer, specify: \_\_\_\_\_

Type of Densitometer Unknown

*Note: "Unknown" should only be checked for the following questions if the patient does not know the "Yes or No" answer to the question.*

**Have you and your doctor discussed that since you had a fracture (broken a bone), you are likely to fracture again?**

Yes  No  Unknown

**Did your doctor recommend that you take steps to prevent future fractures?**

Yes  No  Unknown

**Are you performing weight-bearing and/or muscle strengthening exercises?**

Yes  No  Unknown

**Have you taken steps to address fall prevention, such as keeping electrical cords out of walk ways, securing loose throw rugs and using night lights?**

Yes  No  Unknown

**Are you smoking?**

Yes  No  Unknown

**Are you limiting alcohol intake to no more than an average of two drinks a day?**

Yes  No  Unknown

**Are you taking nutritional supplements for osteoporosis?**

Yes  No  Unknown

**If yes, check all that apply:**

Calcium

Vitamin D

**Are you taking medications for osteoporosis?**

Yes

No

Unknown

If no, please select why:

I haven't yet had a bone health visit/testing

My doctor didn't recommend

I refused treatment

Cost of medicine too high

Other, please specify: \_\_\_\_\_

**If yes, please check all that apply:**

Unknown (Patient is unaware of the medications he/she is taking):

Bisphosphonates

Alendronate (Fosamax<sup>®</sup>)

Ibandronate intravenous injection (Boniva<sup>®</sup>)

Ibandronate oral (Boniva<sup>®</sup>)

Pamidronate (Aredia<sup>®</sup>)

Risedronate (Actonel<sup>®</sup>)

Zoledronate (Reclast<sup>®</sup>)

Other/unlisted bisphosphonate, please specify: \_\_\_\_\_

**Estrogen/Hormone Therapy (ET/HT) (commonly known as HRT):**

Estrogen/Hormone Therapy

**Estrogen Agonist/Antagonist (formerly known as SERMs):**

Raloxifene (Evista<sup>®</sup>)

If other Estrogen Agonist/Antagonist Therapy, please specify: \_\_\_\_\_

**Parathyroid Hormone:**

Teriparatide (Forteo<sup>®</sup>)

Abaloparatide (Tymlos<sup>®</sup>)

If other Parathyroid Hormone Therapy, please specify: \_\_\_\_\_

**Denosumab:**

Denosumab (Prolia<sup>®</sup>)

**Sclerostin inhibitor:**

Romosozumab-aqqg (Evenity<sup>®</sup>)