



PERSONAL OSTEOPOROSIS DATASHEET FOR:

(Patient's Name)	(Patient Number)	Date
1. Did you take calcium or any multivitamin containing calcium, (Tums/Roloids/Fosomex or any other supplements containing calcium), in the last 24 hours? How much? _____	Yes No	
2. Do you have or have you had a thyroid disease? Hypothyroid Hyperthyroid Parahyperthyroid Thyroid replacment (i.e. Synthroid)? Number of years on replacement therapy: _____	Yes No Yes No Yes No Yes No Yes No	
3. Do you now or have you in the past taken long-term steroid therapy (i.e. Prednisone) for a medical condition? Yes No If yes, what? _____ How long? _____		
4. Have you ever been diagnosed with renal (kidney) disease? What type? _____ When? _____	Yes No	
5. Are you post-menopausal? Have you had a hysterectomy? Have you had your ovaries removed? Do you take hormone therapy? Medication name and dosage: _____ How long? _____	Yes No Yes No Yes No Yes No	
6. Do you have a history of bowel or liver disease? If yes, what kind? _____ How long? _____	Yes No	
7. Have you ever broken any bones as an adult? Which bone or bones? _____ How? _____ At what age? _____	Yes No	
8. Have you had fractures or surgery on your back, hips or forearm?	Yes No	
9. Have you ever been diagnosed with osteopenia or osteoporosis?	Yes No	
10. Has any blood relative been diagnosed with osteoporosis? If yes, what is the relationship to you? _____	Yes No	
11. Are you of Caucasian or Asian descent? _____		