

## New Patient Form

### Endocrinology

When were you diagnosed with osteoporosis? \_\_\_\_\_

When was your last bone density test? \_\_\_\_\_

Have you ever broken a bone? \_\_\_\_\_

How tall were you in your early 20s? \_\_\_\_\_

Does anyone else in your family have a history of osteoporosis? \_\_\_\_\_

Do either of your parents have a history of hip fracture? \_\_\_\_\_

Have you ever been treated with high dose steroids (such as prednisone)? \_\_\_\_\_

(Women only) When did you go through menopause? \_\_\_\_\_

Did you take any estrogen replacements? \_\_\_\_\_

Do you get regular weight bearing exercise? \_\_\_\_\_

If yes, what type of exercise and how often? \_\_\_\_\_

\_\_\_\_\_

Do you take calcium supplements? \_\_\_\_\_

If yes, what kind, and how much? \_\_\_\_\_

\_\_\_\_\_

Do you take vitamin D? \_\_\_\_\_

If yes, how much? \_\_\_\_\_

What medications have you ever taken for osteoporosis? \_\_\_\_\_