Name: _____
DOB: _____

Southern Oregon SPINE CARE

Bone Health Assessment

When was your last bone density test? (DEXA) Approx. Month/Year: _____
Location: _____

Physician that ordered bone density scan: _____ or ☐ I have never had a bone density test.

Have you previously been diagnosed with osteoporosis or osteopenia? ☐ Yes ☐ No

What Medications have you taken for bone health/osteoporosis:
☐ Fosamax ☐ Reclast ☐ Actonel ☐ Evista ☐ Prolla ☐ Foteo ☐ None ☐ Other _____

Years on above medications and are you currently taking it:
_____

Did you have any side effects while on any of the above medications?
_____

♦Check one that applies for each section. Please answer all portions of the questions in this area to the best of your knowledge

☐ Yes ☐ No	Have you ever taken steroids long term? (Due to Asthma/COPD/Chron's disease/etc.)
☐ Yes ☐ No	Have you ever suffered a fracture as an adult? If so please list which bones:
☐ Yes ☐ No	Do you or have you smoked cigarettes or cigars? If so describe how often and duration:
☐ Yes ☐ No	Do you have family members that have had fractures due to osteoporosis? (Hip and/or Spine)
☐ Yes ☐ No ☐ N/A	Are you post-menopausal? At what age did you go through menopause? Natural or Surgical?
☐ Yes ☐ No	Are you currently suffering from back pain?
☐ Yes ☐ No	Have you ever been diagnosed with cancer and received radiation therapy?
☐ Yes ☐ No	(Males) Have you had your testosterone levels checked? If so when?
☐ Yes ☐ No	(Males) Have you been diagnosed or treated for low testosterone/hyogonadism?

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