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CENTER FOR MEDICINE, ENDOCRINOLOGY
AND DIABETES, LLC

Patient Name _____ Date _____

OSTEOPOROSIS QUESTIONNAIRE (Rev. 3/7/91)

1. When were you first told you had osteoporosis? What symptoms did you have at that time?

2. Have you ever fractured any bones in your spine? Pelvis? Hips? Wrists? Hands or feet?
If so, describe the circumstances. _____

3. Have you had recent x-rays of your bones? Have you ever had a bone density study or bone scan? Where? When? _____

4. Please circle and describe all of the following which apply to you:

	<u>Describe</u>		<u>Describe</u>
Osteoporosis in family	_____	Take cortisone	_____
Kidney stones in family	_____	Take female hormones	_____
Family vitamin D disorders	_____	Take birth control pills	_____
Direct sunlight exposure	_____	Eating disorder	_____
Use of Vitamin D	_____	Lost more than 25 lbs	_____
Use of Vitamin A	_____	Scoliosis	_____
Use of Vitamin C	_____	High blood calcium	_____
Drink carbonated beverages	_____	Thyroid disorder	_____
High protein diet	_____	Vitamin D deficiency	_____
Drink milk	_____	Liver disease	_____
Avoid dairy products	_____	Use antacids	_____
Lactose Intolerance	_____	Lost any height	_____
Stomach surgery	_____	Unexplained anemia	_____
Ulcer	_____	Rheumatoid arthritis	_____
Pancreatitis	_____	Treatment for arthritis	_____
Food intolerance	_____	Use of diuretics	_____

Please don't forget to complete the medical and menstrual history (if applicable) questionnaires.