

**OSTEOPOROSIS Risk Questionnaire**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Other \_\_\_

**Osteoporosis is a disease in which bones become fragile and are more likely to break. There are some reasons (called risk factors) that increase your likelihood of developing osteoporosis.**

Are you currently being treated for **Osteoporosis**? Circle one: YES or NO

Are you currently being treated for **Vitamin D deficiency**? Circle one: YES or NO

Are you currently being treated for **Low Calcium**? Circle one: YES or NO

If you circled YES to any above, are you satisfied with that current treatment? Circle one: YES or NO

If you answered yes to any of the above STOP HERE.

If all answers are NO, continue the questions on the front page.

**Risk Factors – check each question Yes or No.**

Yes No

Have you broken any bones as an adult? If so, at what age? \_\_\_\_\_  
**Circle One:** Traumatic (MVA, fall on stairs, injury) or Non-Traumatic (slip/fall on level surface)

Do either of your biologic parents have a history of a hip or spine fracture?

Do you have any family members with osteoporosis? Who? \_\_\_\_\_

Do you smoke? How much? \_\_\_\_\_

Do you drink alcohol? How much? \_\_\_\_\_

Have you ever been on oral steroid therapy for more than 3 months?

Do you have any of the following disorders? Please circle any that you have:  
**Diabetes, Osteogenesis Imperfecta (Weak Bones), Hyperthyroidism, Hypogonadism, Chronic Malnutrition, Chronic Liver Disease, Rheumatoid Arthritis, Lupus, Chronic Kidney Disease, Crohn's Disease, Celiac Disease, Bariatric Surgery**

Do you have a small, thin frame? (Less than 105 lbs)

Have you had chemotherapy? If YES, when? \_\_\_\_\_

Have you ever had a bone density test?  
 If yes, was it normal or abnormal?  
 If yes, when was it done? \_\_\_\_\_

Females **ONLY**: Have you gone through early menopause (<45 years)?  
 Was it natural? \_\_\_\_\_  
 Was it surgical (removal of ovaries)? \_\_\_\_\_  
 Have you had estrogen, hormone replacement? \_\_\_\_\_

**OSTEOPOROSIS Risk Questionnaire**

**STAFF USE ONLY- Check all that apply**

- A woman age 65 or older, even without any risk factors
- A man age 70 or older, even without any risk factors
- A postmenopausal woman under age 65 with **one or more** risks factors for osteoporosis
- A man age 40-70 with **one or more** risk factors for osteoporosis
- A woman or man after age 50 who has a **non-traumatic** broken bone
- Does patient smoke more than a pack per day?
- Does patient drink more than 7 drinks weekly?

**DXA Criteria Associated with an Increased Risk of Osteoporosis**

<b>DX Codes</b>	<b>Description</b>
M84.*	Pathological Fracture
Z87.310	Personal HX of (Healed) Osteoporosis Fracture
Z87.311	Personal history of (healed) other pathological fracture
M89.9	Disorder of Bone
M85.8*	Other specified disorders of bone density & Structure
Z82.62	Family history of osteoporosis
E83.51	Hypocalcemia
E55.9	Vitamin D deficiency, unspecified
E28.319	Premature Menopause/Primary Ovarian Failure
<b>A DX CODE WITH A * MEANS THERE ARE MANY OPTIONS TO CHOOSE FROM TYPE IN THE CODE WITHOUT THE * AND CHOOSE THE APPLICABLE DIAGNOSIS.</b>	

**A Consult-Bone Health Clinic should be placed if there are any checked boxes.**

**Patient Refused treatment**