

**ALEXANDRIA WOMEN'S CENTER**

304 Masonic Dr - Suite 4001 - Alexandria, LA 71301

318-443-7222

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

MATURE ADULT HEIGHT: \_\_\_\_\_ PRESENT HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Have you been diagnosed as having osteoporosis? Yes  No

If yes, by x-ray: \_\_\_\_\_ By previous BMD \_\_\_\_\_ Other \_\_\_\_\_

MENSTRUAL HISTORY: Age of onset: \_\_\_\_\_ As an adult were your periods regular? \_\_\_\_\_

If no, explain: \_\_\_\_\_

Have you: Had a hysterectomy? Yes  No  Age: \_\_\_\_\_

Had your ovaries removed? Yes  No  Age: \_\_\_\_\_

Gone through menopause? Yes  No  Age: \_\_\_\_\_

CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU:

- Family history of osteoporosis
- Rheumatoid Arthritis
- Diabetes
- Paget's disease
- Cushing Syndrome
- Uterine cancer
- Abdominal surgery: date \_\_\_\_\_ type \_\_\_\_\_
- Cancer: date \_\_\_\_\_ type \_\_\_\_\_
- Broken bone as adult: date: \_\_\_\_\_ site: \_\_\_\_\_
- Parathyroid disease
- Back pain
- Surgery on back or either hip
- Degenerative Kidney or Liver disease
- Breast cancer
- Thyroid disease/dysfunction
- Bowel disease: type \_\_\_\_\_
- Organ transplant \_\_\_\_\_

CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU:

- Antacids \_\_\_\_\_ Duration \_\_\_\_\_
- Steroids (Prednisone) Duration \_\_\_\_\_
- Ditanin/Phenobarbital Duration \_\_\_\_\_
- Evsta/Raloxifare Duration \_\_\_\_\_
- Calcitonin(Miacalcin, Calcimar) Duration \_\_\_\_\_
- Didronel (Etidronate) Duration \_\_\_\_\_ # of years \_\_\_\_\_ D/C \_\_\_\_\_
- Diuretics Duration \_\_\_\_\_
- Flouride Duration \_\_\_\_\_
- Fosamax (Alendronate) Duration \_\_\_\_\_
- Hormones: Estrogen/Progesterone Duration \_\_\_\_\_
- Synthroid Duration \_\_\_\_\_
- Additional medications: \_\_\_\_\_
- Alcohol: amount weekly \_\_\_\_\_
- Caffeine: Coffee  Cups/day \_\_\_\_\_
- Tea  Glasses/day \_\_\_\_\_
- Soda  Glasses/day \_\_\_\_\_
- Cigarettes: amount weekly \_\_\_\_\_
- Lactose intolerance \_\_\_\_\_
- Daily calcium: dietary \_\_\_\_\_ supplement \_\_\_\_\_
- Vitamin D: supplement \_\_\_\_\_ multivitamin \_\_\_\_\_
- Exercise: type \_\_\_\_\_ days a wk. \_\_\_\_\_

FALLHISTORY: \_\_\_\_\_

ARRT (R) (M), RDMS