

Osteoporosis Consultation: Patient History Form

NEW MEXICO CLINICAL RESEARCH & OSTEOPOROSIS CENTER

Form revised 1/09

Patient Name _____ Today's Date _____

Age _____ Sex _____ Ethnic Group: Caucasian Hispanic African-American Other

Occupation or former occupation. _____ Are you retired? _____

Who referred you to us? _____

Who is your primary care physician? _____

To whom shall we send a copy of your consultation report? _____

What is the reason for this consultation? _____

Have you had a bone density test? _____

List the date and place for every bone density test. _____

Have you had X-rays, CT scan, or MRI of your spine? _____

List the date and place of every spine X-ray, CT scan, or MRI. _____

Have you ever had X-ray therapy for any reason? _____

Are you interested in participating in an osteoporosis research study if you qualify? _____

Please provide details requested below if you have ever taken any of the listed medications.

Medication	Dose (# pills or mg.)	Date Started	Date Stopped	Reason Stopped
Calcium				
Calcium with Vitamin D				
Multivitamin				
Vitamin D				
Estrogen Pill or Patch				
Testosterone				
Fosamax (alendronate)				
Actonel (risedronate)				
Evista (raloxifene)				
Miacalcin, Fortical (calcitonin)				
Forteo (teriparatide)				
Boniva (ibandronate)				
Reclast, Zometa (zoledronic acid)				
Aredia (pamidronate)				
Didronel (etidronate)				
Prednisone				
Depo-Provera				
Dilantin (phenytoin)				
Phenobarbital				
Tegretol (carbamazepine)				
Depakene (valproic acid)				
Tamoxifen				
Arimidex (anastrozole)				
Fareston (toremifene)				
Aromasin (exemestane)				
Faslodex (fulvestrant)				
Femara (letrozole)				
Lupron (leuprolide)				
Casodex (bicalutamide)				
Nilandrone (nilutamide)				
Zoladex (goserelin)				
Eulexin (flutamide)				
Heparin				
Lovenox (enoxaparin)				

Please list any other medicines and dose you are now taking. _____

Operations (Type of surgery and date).

For women only:

At what age was your first period? _____ At what age was your last period? _____

Have you ever missed periods, besides during pregnancy? _____

Have you had cancer of the breast, ovary, uterus, or cervix? _____

Are you taking medicine for breast cancer? _____

Have you had a hysterectomy, and if so, were ovaries removed? _____

For men only:

Do you have erectile dysfunction (impotence)? _____

Do you have low testosterone? _____

Have you had cancer of the prostate? _____

Are you taking medicine for prostate cancer? _____

Please make additional comments here. _____

MEDICAL HISTORY FORM

PLEASE CHECK TO INDICATE ANY RECENT SYMPTOMS

GENERAL

- AIDS
- AIDS RISK FACTORS
- DEPRESSED
- FEVER
- LOSS OF APPETITE
- NERVOUS
- TIRED
- TROUBLE SLEEPING
- WEIGHT GAIN
- WEIGHT LOSS

EYES

- RED EYE
- VISUAL PROBLEMS

ENT

- DIZZINESS
- HAY FEVER
- HEADACHES
- HEARING PROBLEMS
- DENTAL PROBLEMS

ENDOCRINE

- DIABETES
- THYROID DISEASE

RESPIRATORY

- ASTHMA
- COUGHING
- COUGHING BLOOD
- SHORT OF BREATH

CARDIOVASCULAR

- CHEST DISCOMFORT
- CHEST PAIN
- HEART ATTACK
- HEART MURMUR
- HEART SKIPPING
- HIGH BLOOD PRESSURE
- HIGH CHOLESTEROL

GASTROINTESTINAL

- ABDOMINAL PAIN
- BLACK STOOL
- BLOOD IN STOOL
- CHANGE IN STOOLS
- CONSTIPATION
- DIARRHEA
- GALL STONES
- HEARTBURN
- HEMORRHOIDS
- HEPATITIS
- INDIGESTION
- JAUNDICE
- NAUSEA
- TROUBLE SWALLOWING
- ULCER
- VOMITING
- VOMITING BLOOD

UROLOGICAL

- BLADDER INFECTIONS
- BLOOD IN URINE
- BURNING ON URINATION
- FREQUENT URINATION
- KIDNEY INFECTIONS
- KIDNEY STONE

NEUROLOGICAL

- CONFUSION
- FAINTING
- NUMBNESS
- PARALYSIS
- POOR MEMORY
- SEIZURES
- STROKE
- TINGLING
- WEAKNESS

SKIN

- RASH
- ITCHING

HEMATOLOGICAL

- ANEMIA
- BLEEDING PROBLEM
- BLOOD CLOTS

MUSCULO-SKELETAL

- ARTHRITIS
- BACK PAIN
- GOUT
- SWOLLEN JOINTS

OSTEOPOROSIS

- LOW BONE DENSITY
- OSTEOPOROSIS
- BROKEN BONE

MALE ONLY

- IMPOTENCE
- PAINFUL TESTICLE
- PENILE DISCHARGE
- PROSTATE PROBLEMS
- SWOLLEN TESTICLE
- WEAK STREAM

FEMALE ONLY

- BREAST LUMP
- HOT FLASHES
- SWEATS
- PELVIC PAIN
- VAGINAL DISCHARGE

ANY OTHER PROBLEMS?

Reviewed by: