Minidoka Memorial Hospital

PATIENT HISTORY QUESTIONAIRE

Name: _____ **Today's Date:** _____
Patient ID: _____ **Sex: Male**☐ **Female**☐
Current Height: (in.) _____ **Date of Birth:** _____
Weight :(lb.)_____ **Referring Physician:** _____
Menopause Age: _____ **Ethnicity:** _____

1. Have you ever had a previous hip or vertebral fracture? Yes☐ No☐
2. Have you ever had any fractures during your adult life which did not result from significant trauma (e.g., auto accident)? Yes☐ No☐
3. Did either of your parents ever have a hip fracture? Yes☐ No☐
4. Do you smoke? Yes☐ No☐
5. Have you ever taken Glucocorticoids? Yes☐ No☐
6. Do you have rheumatoid arthritis? Yes☐ No☐
7. Do you have a secondary osteoporosis? Yes☐ No☐
8. Do you drink 3 or more alcoholic drinks per day? Yes☐ No☐
9. Are you being treated for osteoporosis? Yes☐ No☐

10. Have you ever taken any of the following medications:
    - ☐ Actonel (i.e. risedronate)
    - ☐ Evista (i.e. raloxifene)
    - ☐ Fosamax (i.e. alendronate)
    - ☐ Miacalcin (i.e. calcitonin)
    - ☐ Reclast (i.e. zoledronate)
    - ☐ Boniva (i.e. ibandronate)
    - ☐ Forteo (i.e. parathyroid hormone)
    - ☐ HRT (i.e. estrogen/hormone therapy)
    - ☐ Protelos (i.e. strontium ranelate)
    - ☐ Calcium
    - ☐ Other-Please specify: _____
11. Do you have any of the following medical Conditions:
    - ☐ Anorexia or Bulimia
    - ☐ Any Seizure Disorders
    - ☐ Asthma or Emphysema
    - ☐ Cancer
    - ☐ End Stage Renal Disease
    - ☐ Inflammatory Bowel Diseases
    - ☐ Hyperparathyroidism
    - ☐ Hysterectomy
    - ☐ Other-Please specify: _____
12. What was your maximum height (inches)? _____
13. Do you perform weight bearing exercise regularly? Yes☐ No☐
14. Do you regularly consume dairy products? Yes☐ No☐
15. Do you drink caffeinated beverages? Yes☐ No☐

If Female:

16. At what age did you start your period? _____
17. Are you premenopausal? Yes☐ No☐
18. How many full term pregnancies have you had? _____
19. Have you ever missed your period for more than 6 months in a row? (not including pregnancy or menopause) Yes☐ No☐

1224 8th Street, Rupert, Idaho 83350 (208) 436-0481 Fax: (208) 436-6038