

Previous Bone-Toxic Medications

Medication	Start Date	End Date	Indication	Medication	Start Date	End Date	Indication
Prednisone							
Aromatase Inhibitors							
Androgen Deprivation Rx							
Anticonvulsant							

Smoking History: Does patient currently smoke? No Yes

Alcohol Consumption: Average more than 2 drinks per day? No Yes

PHYSICAL EXAM

Date: _____ Height: _____ Historical Maximum Height: _____ Weight: _____ lbs. kgs. BMI: _____

Focused Bone Related Findings

Blue Sclera Rash Thyromegaly Kyphosis Spine Tenderness

Dental Status _____ Rib Pelvis Space _____ Balance _____

Muscle Strength _____ Mobility _____ Assistive Devices _____

DXA (report T-score or Z-score, as appropriate; scan images if possible)

Date	L1L4	Total Hip	Femoral Neck	33% Radius

Vertebral Imaging Yes No

Results:

FRAX (if appropriate, use tool here <http://www.shef.ac.uk/FRAX/tool.jsp>) Major Osteoporotic Fracture _____ Hip Fracture _____

FRAX clinical risk factors: _____

FRAX ethnicity: Caucasian Hispanic Asian Black

Current Labs

	Date	Result		Date	Result
CBC			PTH		
Creatinine			TSH		
eGFR			25-OH-D		
Alk Phos			Serum Protein Electrophoresis		
Calcium			K/L Light Chain Ratio		
Phosphorus			24-hour Urinary Calcium		
Albumin			Celiac Antibodies		
Bone Turnover Marker (NTX, CTX)			Tryptase		
Other _____			Other _____		

Additional Comments