



OSTEOPOROSIS WORKSHEET

Age _____ Race _____
 BP ____/____ Height _____ Weight _____
 Bone symptoms/ fractures:

DEXA values	HIP		SPINE		
Date	H/L	g/cm ²	T	g/cm ²	T

CXR:

Bone scan or other xrays:

LABS

Alb		
Ca		
Phos		
Creat		
CO ₂		
Mg		
Alk Phos		
WBC		
hct		
BSAP		
Vit D		
PTH		
test		
24hr U Ca		
NTX		
TSH		

MEDS

Other problems

Kidney stones
 Blood clots
 Heart disease
 Pulmonary
 Seizures
 Esophagitis
 Malabsorption
 Hormone status
 Thyroid
 Skin rashes
 Prednisone
 Weight loss
 Fall risk

Calcium intake total _____
 milk _____
 cheese _____
 yogurt _____
 fortified food _____
 supplements _____
 vitamin D _____

Family Hx
 Physical activity
 Smoking
 Ethanol
 Occupation

General
 Mental status
 Neck
 Thyroid
 Spine
 Arms & legs
 Abd
 Skin
 Gait