

ORTHOPAEDIC AND WELLNESS CENTER  
 THOMAS S. EAGAN, M.D., P.C.  
 356 SOUTH KINGSBORO AVENUE  
 GLOVERSVILLE, NY 12078

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

What is your ethnic background? Asian _____ Black/African American _____ Caucasian _____ Hispanic _____ Native American/American Indian _____			
	<b>Yes</b>	<b>No</b>	
Have you had a previous bone density test?			If yes, when and where?
Do you engage in any exercise activity?			What?
Are you a current smoker?			How much?                      How long?
Do you consume more than 3 alcoholic beverages a day?			If yes, how much?
Is your diet low in dairy products/calcium?			
Have you ever had a bone fracture?			If yes, what?
Have you ever had back pain?			
Do you have a history of kidney stones?			Please explain:
Do you or a family member have a history of osteoporosis?			Who?
Do you or a family member have a history of breast cancer?			Who?
Did either parent fracture a hip?			
Do you have a history of rheumatoid arthritis?			
Do you have secondary osteoporosis, insulin dependent diabetes, malabsorption or chronic liver disease?			If yes, which type?
Are you on thyroid medications?			Dosage?                      How long?
Are you on Prednisone or steroid medication?			Dosage?                      How long?
Have you ever been on Prednisone or steroid medication?			When?                      How long?
At what age did you start your periods?			Were they regular?
Did you ever take a birth control pill?			If yes, at what age? How long?
Have you started menopause?			When? (year)
Have you finished menopause?			When? (year)
Have you had a hysterectomy?			If yes, at what age? Were ovaries removed?

Are you on estrogen medication now?			If yes, for how long? Name of hormone replacement:
Are you taking Actonel now?			If yes, for how long?
Were you ever on Actonel and stopped taking it?			If yes, why? For how long?
Are you taking Evista now?			If yes, for how long?
Were you ever on Evista and stopped taking it?			If yes, why? For how long?
Are you taking Fosamax now?			If yes, for how long?
Were you ever on Fosamax and stopped taking it?			If yes, why? For how long?
Are you using Miacalcin nasal spray?			If yes, for how long?
Have you ever tried Miacalcin spray and stopped using it?			If yes, why? For how long?
Are you taking Forteo?			If yes, for how long?
Have you ever tried Forteo and stopped using it?			If yes, why? For how long?
Are you taking Reclast?			If yes, for how long?
Have you ever tried Reclast and stopped using it?			If yes, why? For how long?
Are you taking Boniva by mouth?			If yes, for how long?
Have you ever tried Boniva by mouth and stopped taking it?			If yes, why? For how long?
Are you taking Boniva IV?			If yes, for how long?
Have you ever tried Boniva IV and stopped using it?			If yes, why? For how long?
Do you take multivitamin daily?			If yes, for how long?
Do you take a vitamin D?			If yes, for how long?
Do you take calcium supplements, for example, TUMS?			What kind? If yes, amount daily? How long?
What medications are you taking at this time?			
What is your height?		Weight?	
Have you lost any height?		Explain:	
Who is your primary care physician?			