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Osteoporosis Risk Evaluation

Name _____ Date _____

- | | | |
|---|-----|----|
| 1. Are your ancestors from the British Isles, China, Japan, or northern Europe? | Yes | No |
| 2. Do you have a family history of osteoporosis? | Yes | No |
| 3. Did your mother have a hip fracture? | Yes | No |
| 4. Have you noticed a loss in height? (Clothes no longer fit properly) | Yes | No |
| 5. Do you have a small build? Are you less than 125lbs.? | Yes | No |
| 6. Do you have light hair, a fair complexion, or freckles? | Yes | No |
| 7. Does your diet include less than 3 servings of dairy products daily? | Yes | No |
| 8. Do you exercise less than 1/2 hour per day or stand less than 6 hours a day? | Yes | No |
| 9. Do you drink 3 or more alcoholic beverages per day? | Yes | No |
| 10. Do you smoke? | Yes | No |
| 11. Do you drink 5 or more cups of coffee or soda daily? | Yes | No |
| 12. Do you have difficulty walking? | Yes | No |
| 13. Have your menstrual periods become infrequent or stopped completely? | Yes | No |
| 14. Have you fractured any bones after age 45? | Yes | No |
| 15. Have you ever had chemotherapy? | Yes | No |
| 16. Do you take any of the following medications: steroids, thyroid, seizure meds, Lupron®, sleeping pills? | Yes | No |
| 17. If you are in menopause, did you decide not to take estrogen? | Yes | No |
| 18. Have you ever had rheumatoid arthritis, inflammatory bowel disease, Cushing's Disease, hyperthyroidism, multiple myeloma, hypoprolactinemia, gastric surgery, Irritable bowel syndrome? | Yes | No |

19. Please calculate your estimated calcium intake using the table below:

Product	Number of servings Per day	Calcium content per serving	Calcium
Milk (8oz.)	_____ X	300	= _____
Yogurt (8 oz.)	_____ X	400	= _____
Cheese (1 oz.)	_____ X	200	= _____
Add 250 mg. for nondairy sources			= _____
		Total	= _____