

VERTEBROPLASTY QUESTIONNAIRE

Patient Name: _____ Date: _____

Is there any event that caused your fracture? Yes No

Please explain: _____

Do you have any other history of fractures? Yes No

Please explain: _____

Do you have a history of osteoporosis? Yes No

Is there a family history of osteoporosis? Yes No

Please explain: _____

Have you had a DEXA/Bone Mineral Density test? Yes No

If yes, where? _____ When? _____

Do you smoke? Yes No

Have you ever taken steroids? Yes No

If yes, how much? _____

How long? _____

Reason: _____

Are you currently taking any of the following osteoporosis medication?

Actinol Yes No

Calcium Yes No

Estrogen Yes No

Fosomax Yes No

Other: _____

How long? _____

Do you have a history of cancer? Yes No

Please explain: _____

Patient Signature

Date