

FRAX REPORT QUESTIONNAIRE

Patient Name: _____ Medical Record Number: _____

Referring Physician: _____

Please answer the following questions below so we may accurately calculate the ten year probability of fracture with BMD.

1. Age (between 40-90 years) or date of birth Age: _____ Date of birth: _____
2. Sex Male Female
3. Weight _____
4. Height _____
5. Previous fracture..... Yes No
6. History of hip fracture of parent..... Yes No
7. Current smoking Yes No
8. Glucocorticoids Yes No
9. Rheumatoid arthritis Yes No
10. Secondary osteoporosis..... Yes No
11. Alcohol 3 or more units per day Yes No

Rheumatoid Arthritis (RA)

RA is a risk factor for fracture. However, osteoarthritis is, if anything protective. For this reason, reliance should not be placed on a patient's report of 'arthritis' unless there is clinical or laboratory evidence to support the diagnosis.

Name of Individual Providing Data: _____