

Rheumatology Associates, P.C.
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Patient Name: _____ Date: _____

Address: _____ City: _____ St: _____ Zip: _____

Date of Birth: _____ SSN: _____ Phone: _____

Current Age _____ Stated Weight _____ Stated Height _____ Male / Female

Known fractures after age 50 (if any): _____

Are you currently taking Prednisone? Yes No If yes, how much per day? _____ mg/day

Have you ever taken for a period of more than one week: (Check any that apply)

- _____ Prednisone
- _____ Cortisone
- _____ Medrol

Have you ever had a history of: (Check any that apply)

- _____ Rheumatoid Arthritis
- _____ Crohn's Disease
- _____ Eating Disorder
- _____ Chemotherapy
- _____ Removal/Stapling of Stomach (All or partial)

Is there a history of hip fracture in either parent? Yes No Unknown

Do you drink more than one alcoholic drink in a day? Yes No If yes, how many per day? _____

Do you smoke tobacco/cigarettes? Yes No If yes, how many per day? _____

If female, are you post-menopausal? Yes No Unknown

Are you currently taking any of these medications?

- _____ Actonel
- _____ Boniva
- _____ Evista
- _____ Fosamax or Alendronate
- _____ Forteo
- _____ Miacalcin
- _____ Estrogens
- _____ Prolia

Have you previously taken any of these medications?

- _____ Actonel
- _____ Boniva
- _____ Evista
- _____ Fosamax or Alendronate
- _____ Forteo
- _____ Miacalcin
- _____ Estrogens
- _____ Prolia

Have you undergone any of the following procedures?

- _____ Recent Nuclear Bone Scan Date _____
- _____ Myelogram (X-ray dye injected into spinal column) Date _____
- _____ Barium enemas / G.I. series Date _____
- _____ Back surgery (removal of vertebral disk) Date _____

NUTRITION AND CALCIUM

READ THE FOLLOWING LIST OF CALCIUM RICH FOODS. FROM THIS LIST, INDICATE THE NUMBER OF SERVINGS YOU EAT EACH WEEK. IF YOU DON'T HAVE AN ITEM AT LEAST ONE TIME EVERY WEEK, DO NOT COUNT THAT ITEM.

GROUP A: (300 mg)

Out of the following group of foods, indicated how many servings do you eat each week: _____
(Macaroni & Cheese, Pizza, Mexican Foods with cheese such as: enchiladas, burritos, tacos and/or nachos, and sardines w/bones – 3 oz)

Milk (8 oz) _____ Yogurt _____
Swiss Cheese _____ Ricotta Cheese _____
Orange Juice plus calcium (8 oz) _____ Malted or milk shake _____

GROUP B: (150 mg)

Out of the following group of foods, indicated how many servings you eat each week: _____
(Salmon w/bones – 3 oz, cooked Collard Greens, Turnip Greens, Kale, Waffles/Pancakes made from a mix and Quiche.)

Cheese (other) _____ Tofu _____
Soups w/milk _____ Soft Serve Ice Cream _____

GROUP C: (75 mg)

Out of the following group of foods, indicated how many servings you eat each week: _____
(Pork & Beans, Shrimp – 3 oz., Cornbread, Spaghetti w/cheese sauce, Raw Oysters, Pancakes, Broccoli, Okra, Cooked Dry Beans, and Chili w/beans.)

Cottage Cheese _____ Ice Cream/Frozen Yogurt _____
Pudding w/milk or custard _____

Do you have an intolerance to milk or dairy products? Yes No

Do you have (or have you had) high cholesterol? Yes No

1.) Do you take a calcium supplement each day? Yes No

What brand(s)? _____

How many milligrams of calcium does it contain? _____

How many units of vitamin D does it contain? _____

2.) Do you take a multi-vitamin each day? Yes No

What brand(s)? _____

How many milligrams of calcium does it contain? _____

How many units of vitamin D does it contain? _____

3.) Do you take any of the following antacids on a daily basis? Yes No

(Please circle one) Tums, Titalac, Rolaids

If "yes", how many times a day? _____ How many milligrams of Calcium? _____

(NURSE WILL FILL IN THIS BOX)

TOTAL CALCIUM: _____	TOTAL VITAMIN D _____
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