

Warminster Osteopathic Clinic

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Patient history and lifestyle questionnaire

Confidential patient information

Please refer to the questionnaire notes at the end of this file before completing

Patient details

Surname

Forename

Address

Postcode

Telephone

Email

Date of birth

Sex (m/f)

Height (cm)

Weight (kg)

Is your ethnic group:

Caucasian/Asian

Other (please state)

How many children do you have?

History of osteoporosis

- 1 Have you been diagnosed with osteoporosis?
If no, go to Q5
 - 3 When was your last scan?
 - 4 Are you having treatment for osteoporosis?
 - 5 Have you ever had a bone scan?
 - 6 If yes, was it:

Office

- 7 Do any blood relatives have osteoporosis?
 - 8 If yes, what is their relationship to you?
 - Brother or sister
 - Father or mother, uncle or aunt
 - Son or daughter
 - Grandparent
 - Grandchild

Office

History of fractures

- 9 Have you broken any bones?
10 If yes, which bones and when?

Yes	No	Unsure	
Which bones?			Year

Office

Menopause

Are you:

- 11 Premenopausal
 - 12 Menopausal
 - 13 Postmenopausal
 - 14 At what age did you become menopausal?

Yes	No	Unsure	Age

Office

Surgery

Have you ever had any of the following surgery?

- 15 Hysterectomy
 - 16 Ovaries removed
 - 17 Testicles removed
 - 18 Bowel
 - 19 Kidney
 - 20 Thyroid
 - 21 Stomach
 - 22 Other (please give details)

Office

Medical conditions

Do you, or have you ever, suffered from any of the following conditions?

	Yes	No	Unsure	Year diagnosed	Office
23 Crohn's disease					
24 Ulcerative colitis					
25 Other intestinal disease					
26 Thyroid problems					
27 Parathyroid problems					
28 Depression					
29 Severe stress					
30 Cow's milk intolerance					
31 Anorexia or bulimia					
32 Low oestrogen levels (women)					
33 Low testosterone levels (men)					
34 Cushing's disease					

Medication

Are you on, or have you ever been on, any of the following forms of medication:

Have you ever been on, or are you currently on, any of the following forms of medication?				Office
	Yes	No	Unsure	Current
35 Steroids				
36 HRT				
37 Antacids				
38 Anti-convulsants				
39 Chemotherapy				

Smoking

Smoking	Yes	No	Current	Office
40 Do you, or have you ever smoked?				
41 If yes, for how many years?		years		
42 How many each day		a day		
43 How many years since you gave up? (if you have)		years		

Alcohol

	Yes	No	Unsure	Office
44 Have you been a heavy drinker in the past? ie more than 14 units/week for women, or 21 units/week for men				
45 What is your weekly alcohol intake (units)? 1 unit = 1 small glass wine or 1 measure spirits or half pint beer		units a week		

Diet

- 46 Do you regularly drink carbonated drinks?
47 How many cups of coffee or tea do you drink daily?
48 What dietary supplements are you currently taking, if any? Please give details.

Yes	No	Unsure
	cups a day	

Office

Exercise

What sort of regular exercise do you take?

- 49 Swimming
 - 50 Cycling
 - 51 Running/jogging
 - 52 Tennis/squash/badminton
 - 53 Football/rugby
 - 54 Gym workout
 - 55 Aerobics/exercise class
 - 56 Martial arts
 - 57 Yoga
 - 58 Cricket
 - 59 Walking
 - 60 Bowls
 - 61 Gardening
 - 62 Other (please specify)

Office

- 63 Have you ever trained or exercised at very high levels ie for competitive sport?

64 Have you ever had long periods of bed rest?

65 If yes, was it:

 - Less than one month
 - More than one month
 - More than six months

Office

Do you think you are at particular risk from osteoporosis? If yes, please explain why.

Office

We would like to use your information for statistical analysis to help with further research into osteoporosis risk factors. Your name and contact details will be removed. Please sign here if you are happy to give your permission. Thank you.

Your Doctor

Name

Practice address

Telephone

Height & Weight Conversion Chart

Height

Weight

Imperial	Metric	Imperial	Metric	Imperial	Metric
4 ft 8 ins	1.42 m	6 stones	38 kg	2 lbs	0.9 kg
4 ft 10 ins	1.47 m	7 stones	44 kg	4 lbs	1.8 kg
5 ft	1.52 m	8 stones	51 kg	6 lbs	2.7 kg
5 ft 2 ins	1.57 m	9 stones	57 kg	8 lbs	3.6 kg
5 ft 4 ins	1.62 m	10 stones	63 kg	10 lbs	4.5 kg
5 ft 6 ins	1.67 m	11 stones	70 kg	12 lbs	5.4 kg
5 ft 8 ins	1.72 m	12 stones	76 kg	14 lbs	6.3 kg
5 ft 10 ins	1.77 m	13 stones	82 kg		
6 ft	1.82 m	14 stones	88 kg		
6 ft 2 ins	1.87 m	15 stones	95 kg		
6 ft 4 ins	1.93 m	16 stones	101 kg		
6 ft 6 ins	1.98 m	17 stones	107 kg		
		18 stones	114 kg		
		19 stones	120 kg		
		20 stones	126 kg		

About completing your questionnaire

As you will see, the questionnaire is quite complex and has been compiled in order for us to obtain information that will help us to assess your osteoporosis risk. Please complete it as fully as you can, giving as much information as possible, and bring it with you to your consultation. The information that you give us is confidential and will not be passed to any third parties. We would, however, like to use it for statistical analysis to help with research into osteoporosis risk factors.

We regret that we are unable to scan you whilst you have an open sore or cuts on any part of your lower leg, ankle or foot.

Height and weight

We will need your height and weight in metric for the scanner to calculate your risk level, and we have included an imperial to metric conversion chart for you at the end of the questionnaire. Your weight and height are important for establishing the expected norm for your scan.

Ethnic group

The reason we ask you for your ethnic group is because this can be a risk factor. It is currently recognised that Caucasian and Asian people are more at risk than other ethnic groups.

Menopause

We know that menopause timing can be a major pre-determinate for osteoporosis.

Fractures

A history of fractures may highlight evidence of already weakened bones.

History of osteoporosis

It is important for us to know if you have previously been diagnosed or treated for osteoporosis. You may be aware that a family history of osteoporosis is one of the greatest risk factors, so please try to find out as much as you can about any blood relatives with osteoporosis. This may have been described to them as brittle bones or collapsed vertebra or they may simply have lost more height than normal in old age.

Medical conditions and surgery

There are a number of medical conditions, diseases, treatments or forms of surgery that may impair your body's ability to absorb calcium or convert it into bone. There are others that may accelerate bone loss. The most common examples are listed but please tell us if you have any other reasons why you may be at increased risk of getting osteoporosis.

Lifestyle, diet and exercise

Smoking, drinking and carbonated drinks all have a negative impact on bone density. Weight bearing exercise, on the other hand, has been shown to have a positive impact on bone density.

Contact

If you have any further questions about completing this form, please call the Clinic on 01985 213927 during office hours.