**Patient initials:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **~~GDINITIAL~~** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Patient DOB:** \_ **~~GDBIRTHDT~~**\_\_\_\_\_\_

**GDMONBIRTH GDYRBIRTH**

***1. According to your knowledge, did the patient take any of the following medications orally?***

1. Actonel® or Risedronate  Yes  No  Unknown

**GDACTON**

1. Actonel and Calcium® or Risedronate + Calcium Carbonate  Yes  No  Unknown

**GDACTONCA**

1. Boniva® or Ibandronate  Yes  No  Unknown

**GDBONIVA**

1. Didronel® or Etidronate  Yes  No  Unknown

**GDDIDRON**

1. Fosamax® or Alendronate  Yes  No  Unknown

**GDFOSAM**

1. Fosamax Plus D® or Alendronate + Vitamin D  Yes  No  Unknown

**GDFOSAMVD**

1. Skelid® or Tiludronate  Yes  No  Unknown

**GDSKELID**

1. Any other bisphosphonate  Yes  No  Unknown

**GDBISPHOS**

|  |  |
| --- | --- |
| ***Note: If the patient ever changed the drug, dose or unit, please enter changed prescription in a new line*** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agent (Drug) | Indication  (if known) | Dose  (e.g.40 mg) | Units  (e.g. 1 tablet) | Frequency | Changed drug, dose or unit? |  | Date Started | Date Stopped  enter **current date**, if still taking the drug, |
| **GD01MED** | **GD01MEDNM** | **GD01DOSE** | **GD01MEDU** | **GD01MEDFQ**   Days   Week  \_\_\_\_  Month   Year  **GD01MEDF** |  Yes  No   Unknown  **GD01MEDCH** |  | M | M **/** Y | Y | Y | Y  **~~GD01STDT~~**  **GD01STYR** | M | M **/** Y | Y | Y | Y  **~~GD01SPDT~~**  **GD01SPYR** |
| **GD02MED** | **GD02MEDNM** | **GD02DOSE** | **GD02MEDU** | **GD02MEDFQ**   Days   Week  \_\_\_\_  Month   Year  **GD02MEDF** |  Yes  No   Unknown  **GD02MEDCH** |  | M | M **/** Y | Y | Y | Y  **~~GD02STDT~~**  **GD02STYR** | M | M **/** Y | Y | Y | Y  **~~GD02SPDT~~**  **GD02SPYR** |
| **GD03MED** | **GD03MEDNM** | **GD03DOSE** | **GD03MEDU** | **GD03MEDFQ**   Days   Week  \_\_\_\_  Month   Year  **GD03MEDF** |  Yes  No   Unknown  **GD03MEDCH** |  | M | M **/** Y | Y | Y | Y  **~~GD03STDT~~**  **GD03STYR** | M | M **/** Y | Y | Y | Y  **~~GD03SPDT~~**  **GD03SPYR** |
| **GD04MED** | **GD04MEDNM** | **GD04DOSE** | **GD04MEDU** | **GD04MEDFQ**   Days   Week  \_\_\_\_  Month   Year  **GD04MEDF** |  Yes  No   Unknown  **GD04MEDCH** |  | M | M **/** Y | Y | Y | Y  **~~GD04STDT~~**  **GD04STYR** | M | M **/** Y | Y | Y | Y  **~~GD04SPDT~~**  **GD04SPYR** |

***2. According to your knowledge, did the patient EVER receive any of the following drugs intravenously (IV)?***

1. Aredia® or Pamidronate  Yes  No  Unknown

**GDAREDIAIV**

1. Bonefos® and Ostac® or Clodronate (not available in the US)  Yes  No  Unknown

**GDOSTACIV**

1. Boniva® or Ibandronate  Yes  No  Unknown

**GDBOVIVAIV**

1. Didronel® or Etidronate  Yes  No  Unknown

**GDDIDRONIV**

1. Zometa® or Zoledronic Acid  Yes  No  Unknown

**GDZOMETAIV**

f) Any other intravenous bisphosphonate  Yes  No  Unknown

**GDBISPHOIV**

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| ***Note: If the patient ever changed the drug, dose or unit please enter changed prescription in a new line*** |  |

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| Agent (Drug) | Indication  (if known) | Dose  (e.g.40 mg) | IV Time  (e.g. 15 mim) | Frequency  (e.g. once daily for 3 days, repeated for 2-3 months) | Changed drug, dose or unit? |  | Date Started | Date Stopped  enter **current date**, if still taking the drug, |
| **GD01IVMED** | **GD01IVNM** | **GD01IVDOSE** | **GD01IVTIM** | **GD01IVF** |  Yes  No   Unknown  **GD01IVCH** |  | M | M **/** Y | Y | Y | Y  **~~GD01IVSTDT~~**  **GD01IVSTYR** | M | M **/** Y | Y | Y | Y  **~~GD01IVSPDT~~**  **GD01IVSPYR** |
| **GD021IVMED** | **GD02IVNM** | **GD02IVDOSE** | **GD02IVTIM** | **GD02IVF** |  Yes  No   Unknown  **GD01IVCH** |  | M | M **/** Y | Y | Y | Y  **~~GD02IVSTDT~~**  **GD02IVSTYR** | M | M **/** Y | Y | Y | Y  **~~GD02IVSPDT~~**  **GD02IVSPYR** |
| **GD03IVMED** | **GD03IVNM** | **GD03IVDOSE** | **GD03IVTIM** | **GD03IVF** |  Yes  No   Unknown  **GD03IVCH** |  | M | M **/** Y | Y | Y | Y  **~~GD03IVSTDT~~**  **GD03IVSTYR** | M | M **/** Y | Y | Y | Y  **~~GD03IVSPDT~~**  **GD03IVSPYR** |
| **GD04IVMED** | **GD04IVNM** | **GD04IVDOSE** | **GD04IVTIM** | **GD04IVF** |  Yes  No   Unknown  **GD04IVCH** |  | M | M **/** Y | Y | Y | Y  **~~GD04IVSTDT~~**  **GD04IVSTYR** | M | M **/** Y | Y | Y | Y  **~~GD04IVSPDT~~**  **GD04IVSPYR** |

***3. According to your knowledge did the patient EVER took any of these steroid drugs? (Mark all that apply.)***

1. Prednisone (e.g. Deltasone®, Meticorten®, Orasone®) Yes  No   Unknown

**GDPREDNIS**

1. Dexamethasone (e.g. Decadron®, Dexone®, Hexadrol®) Yes  No   Unknown

**GDDEXA**

1. Hydrocortisone (e.g. Cortef®) Yes  No   Unknown

**GDOHCORT**

1. Other Yes  No   Unknown

**GDOTHM**

If other, please specify: \_\_\_ **~~GDOTHMSP~~** \_\_\_\_\_\_\_\_

|  |  |
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| ***Note: If the patient ever changed the drug, dose,or unit please enter changed prescription in a new line*** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agent (Drug) | Indication  (if known) | Dose  (e.g.40 mg) | Units  (e.g. 1 tablet) | Frequency | Changed drug, dose or unit? |  | Date Started | Date Stopped  enter **current date**, if still taking the drug, |
| **GD01HORM** | **GD01HMNM** | **GD01HMDOS** | **GD01HMU** | **GD01HMFQ**   Days   Week  \_\_\_\_  Month   Year  **GD01HMF** |  Yes  No   Unknown  **GD01HMCH** |  | M | M **/** Y | Y | Y | Y  **~~GD01HMSTDT~~**  **GD01HMSTYR** | M | M **/** Y | Y | Y | Y  **~~GD01HMSPDT~~**  **GD01HMSPYR** |
| **GD02HORM** | **GD02HMNM** | **GD02HMDOS** | **GD02HMU** | **GD02HMFQ**   Days   Week  \_\_\_\_  Month   Year  **GD02HMF** |  Yes  No   Unknown  **GD02HMCH** |  | M | M **/** Y | Y | Y | Y  **~~GD02HMSTDT~~**  **GD02HMSTYR** | M | M **/** Y | Y | Y | Y  **~~GD02HMSPDT~~**  **GD02HMSPYR** |
| **GD03HORM** | **GD03HMNM** | **GD03HMDOS** | **GD03HMU** | **GD01HMFQ**   Days   Week  \_\_\_\_  Month   Year  **GD01HMF** |  Yes  No   Unknown  **GD03HMCH** |  | M | M **/** Y | Y | Y | Y  **~~GD03HMSTDT~~**  **GD03HMSTYR** | M | M **/** Y | Y | Y | Y  **~~GD03HMSPDT~~**  **GD03HMSPYR** |
| **GD04HORM** | **GD04HMNM** | **GD04HMDOS** | **GD04HMU** | **GD04HMFQ**   Days   Week  \_\_\_\_  Month   Year  **GD04HMF** |  Yes  No   Unknown  **GD04HMCH** |  | M | M **/** Y | Y | Y | Y  **~~GD04HMSTDT~~**  **GD04HMSTYR** | M | M **/** Y | Y | Y | Y  **~~GD04HMSPDT~~**  **GD04HMSPYR** |

***4. Since the year 2000, did the patient, , have taken any medication regularly or for 6 months or more?***  Yes  No

**GDOTMED**

If yes, please complete the following form. Please use an extra page if you need more space.

***Note: If the patient ever changed either the drug itself, the dose, the units or the frequency, please enter* changed prescription in a new line**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agent (Drug) | Indication | Dose  (e.g.40 mg) | Units  (e.g. 1 tablet) | Frequency | Changed drug, dose or unit? |  | Date Started | Date Stopped  enter **current date**, if still taking the drug, |
| **GD01OTMED** | **GD01OTNM** | **GD01OTDOS** | **GD01OTU** | **GD01OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD01OTF** |  Yes  No   Unknown  **GD01OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD01OTSTDT~~**  **GD01OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD01OTSPDT~~**  **GD01OTSPYR** |
| **GD02OTMED** | **GD02OTNM** | **GD02OTDOS** | **GD02OTU** | **GD02OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD02OTF** |  Yes  No   Unknown  **GD02OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD02OTSTDT~~**  **GD02OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD02OTSPDT~~**  **GD02OTSPYR** |
| **GD03OTMED** | **GD03OTNM** | **GD03OTDOS** | **GD03OTU** | **GD03OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD03OTF** |  Yes  No   Unknown  **GD03OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD03OTSTDT~~**  **GD03OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD03OTSPDT~~**  **GD03OTSPYR** |
| **GD04OTMED** | **GD04OTNM** | **GD04OTDOS** | **GD04OTU** | **GD04OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD04OTF** |  Yes  No   Unknown  **GD04OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD04OTSTDT~~**  **GD04OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD04OTSPDT~~**  **GD04OTSPYR** |
| **GD05OTMED** | **GD05OTNM** | **GD05OTDOS** | **GD05OTU** | **GD05OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD05OTF** |  Yes  No   Unknown  **GD05OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD05OTSTDT~~**  **GD05OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD05OTSPDT~~**  **GD05OTSPYR** |
| **GD06OTMED** | **GD06OTNM** | **GD06OTDOS** | **GD06OTU** | **GD06OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD06OTF** |  Yes  No   Unknown  **GD06OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD06OTSTDT~~**  **GD06OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD06OTSPDT~~**  **GD06OTSPYR** |
| **GD07OTMED** | **GD07OTNM** | **GD07OTDOS** | **GD07OTU** | **GD07OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD07OTF** |  Yes  No   Unknown  **GD07OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD07OTSTDT~~**  **GD07OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD07OTSPDT~~**  **GD07OTSPYR** |
| **GD08OTMED** | **GD08OTNM** | **GD018OTDOS** | **GD08OTU** | **GD08OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD08OTF** |  Yes  No   Unknown  **GD08OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD08OTSTDT~~**  **GD08OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD08OTSPDT~~**  **GD08OTSPYR** |
| **GD09OTMED** | **GD09OTNM** | **GD09OTDOS** | **GD09OTU** | **GD09OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD09OTF** |  Yes  No   Unknown  **GD09OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD09OTSTDT~~**  **GD09OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD09OTSPDT~~**  **GD09OTSPYR** |
| **GD10OTMED** | **GD10OTNM** | **GD10OTDOS** | **GD10OTU** | **GD10OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD10OTF** |  Yes  No   Unknown  **GD10OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD10OTSTDT~~**  **GD10OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD10OTSPDT~~**  **GD10OTSPYR** |
| **GD11OTMED** | **GD11OTNM** | **GD11OTDOS** | **GD11OTU** | **GD11OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD11OTF** |  Yes  No   Unknown  **GD11OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD11OTSTDT~~**  **GD11OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD11OTSPDT~~**  **GD11OTSPYR** |
| **GD12OTMED** | **GD12OTNM** | **GD12OTDOS** | **GD12OTU** | **GD12OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD12OTF** |  Yes  No   Unknown  **GD12OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD12OTSTDT~~**  **GD12OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD12OTSPDT~~**  **GD12OTSPYR** |
| **GD13OTMED** | **GD13OTNM** | **GD13OTDOS** | **GD13OTU** | **GD13OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD13OTF** |  Yes  No   Unknown  **GD13OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD13OTSTDT~~**  **GD13OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD13OTSPDT~~**  **GD13OTSPYR** |
| **GD14OTMED** | **GD14OTNM** | **GD14OTDOS** | **GD14OTU** | **GD14OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD14OTF** |  Yes  No   Unknown  **GD14OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD14OTSTDT~~**  **GD14OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD14OTSPDT~~**  **GD14OTSPYR** |
| **GD15OTMED** | **GD15OTNM** | **GD15OTDOS** | **GD15OTU** | **GD15OTFQ**   Days   Week  \_\_\_\_  Month   Year  **GD15OTF** |  Yes  No   Unknown  **GD15OTCH** |  | M | M **/** Y | Y | Y | Y  **~~GD15OTSTDT~~**  **GD15OTSTYR** | M | M **/** Y | Y | Y | Y  **~~GD15OTSPDT~~**  **GD15OTSPYR** |