**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 Stoppedenter **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 Stoppedenter **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~~** \_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| ***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 Stoppedenter **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 Stoppedenter **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** |