





14. Have you ever taken any of the following medications?

	<u>Currently</u>	<u>Previously</u>
Calcium Supplement	_____	_____
Vitamin D	_____	_____
Estrogen	_____	_____
Alendronate (Fosamax and Binosto)	_____	_____
Ibandronate (Boniva)	_____	_____
Zoledronic acid (Reclast and Zometa)	_____	_____
Risedronate (Actonel and Atelvia)	_____	_____
Raloxifene (Evista)	_____	_____
Tamoxifen Denosumab	_____	_____
(Prolia) Anastozole	_____	_____
(Arimidex) Letozole	_____	_____
(Femara) Exemestane	_____	_____
(Aromasin) Leuprolide	_____	_____
(Lupron)	_____	_____
LHRH Agonist (Degarelix)	_____	_____
Testosterone	_____	_____
Goserelin (Zoladex)	_____	_____
Miacalcin	_____	_____
Teraparotide, parathyroid hormone, PTH (Forteo)	_____	_____
Anti-seizure medication (Dilantin)	_____	_____
Other chemotherapy not listed above	_____	_____
Proton pump inhibitors for gastric reflux (Nexium, Prevacid)	_____	_____
Length of treatment: _____		

**REMAINING QUESTIONS FOR WOMEN ONLY**

1. Have you gone through menopause?  Yes  No  
If **yes**, at what age? \_\_\_\_\_
2. Has your uterus been removed?  Yes  No
3. Have both of your ovaries been removed?  Yes  No  
If **yes**, how old were you? \_\_\_\_\_
4. Are you taking hormones?  Yes  No

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_