

NEW ORLEANS NEPHROLOGY ASSOCIATES, LLC

Metabolic Bone and Stone Center • Nephrology • Hypertension

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Diplomates of the
 American Board of Nephrology

BONE FLOW SHEET

Patient: _____ **D.O.B.:** _____

Approximate Dates Only

1st Fracture _____ # Fractures during past 3 years: _____
 2nd Fracture _____ Total number of fractures: _____
 3rd Fracture _____ *# Spontaneous fractures (vertebral, back, ribs): _____
 4th Fracture _____ *# Traumatic fractures: _____
 *(see explanation)

	Dates	Place
Previous bone density measurement		
Previous bone x-rays		
Previous joint replacements		
Previous medical evaluation of bone loss		

PAST THERAPY (Give Dates)

Prolia _____
 Fluoride _____
 Citracal _____
 Thiazides _____
 Estrogen _____
 Calcitonin _____
 Birth Control Pills _____
 Forteo _____
 (subcutaneous PTH) _____
 Bisphosphonates (Fosamax, Reclast, Actonel, Boniva) _____
 Testosterone (patches or shots) _____

MEDICAL HISTORY (Give Dates)

Long period of bed rest (>6 mos) _____
 Gastric surgery _____
 Intestinal bypass _____
 Anorexia _____
 Bulimia _____
 Hyperparathyroidism _____
 Diabetes _____
 Hypertension _____
 Bone Disease _____
 Thyroid Disease _____
 Arthritis _____
 Asthma _____
 Kidney Disease _____
 Excessive weight loss (>10 lbs in 1 month at any time) _____

FAMILY HISTORY

Fracture _____
 Fair hair/skin _____
 Hyperparathyroidism _____
 Ulcers _____
 Diabetes _____
 Endocrine _____
 Bone disease _____
 Loss of height _____
 Stones _____

CURRENT MEDICATIONS (Dates)

Do you take ...? (type and dose)

Antacids _____
Multivitamins _____
Vitamin D _____
Vitamin C _____
Calcium _____
Thyroid hormone _____
Anticonvulsant _____
Protein supplement _____
Herbal preparation _____
Blood thinners _____
Inhaled steroids (ex., nasal spray
for allergies): _____
Frequency (ex. 10 days, once a year,
twice a year, or continually for 8 years:

Oral steroids (ex. Prednisone pills)

FEMALE HORMONE HISTORY

Last period _____
Menopause _____
(surgical or natural)
First period _____
Pregnancy/delivered _____
Children _____
Infertility _____
Decreased libido _____
Hot flashes/mood swings
associated with menopause:

ALLERGIES

DIETARY HABITS

Water _____
Tea _____
Coffee _____
Juice _____
Soda _____
Milk _____
Alcohol _____

Fruit _____
Salt (L) _____ (M) _____ (L) _____
Meat intake _____
Cheese _____
Ice Cream _____
Yogurt _____
Tobacco _____

MALE HORMONE THERAPY

Infertility _____
Impotence _____
Decreased libido _____
Prostate cancer yes no
If yes, type of treatment (such as
hormone injections): _____

EXERCISE (Type & Frequency) _____

JOB: Past: _____ Present: _____

Explanation:

- * Spontaneous = a fracture that occurred without falling or with minimal activity. Example: rib fracture with coughing, fracture in backbone (vertebra) without any trauma to back, foot fracture while walking.
- * Traumatic = car accident, falling, etc.