

## PQRI Patient Assessment



Dear Patient,

The doctors, nurses, and physicians assistants at Midwest Orthopaedics at Rush are concerned about your orthopaedic health and want to make sure that we are evaluating those factors which may impact your orthopedic well-being.

The following questions are intended to give us information about your general health. Please answer the following questions and give the completed form to the secretary prior to seeing your doctor, nurse, or physicians' assistant. He/she will use the information to make sure that we are comprehensively evaluating you and taking the best possible care of you.

**Please circle the correct answer or fill in the blanks.**

1. What is your height \_\_\_\_\_ and weight \_\_\_\_\_? Prefer not to answer
2. Have you ever had a Bone Density Study (also known as a Dexa Scan) for osteoporosis at least once since age 60? Yes No
  - If yes, in what year did you have the most recent Bone Density Study or Dexa Scan?  
Year: \_\_\_\_\_
3. Have you been on medicine to treat Osteoporosis? Yes No
  - If yes, has it been prescribed within 12 months? Yes No
  - What medicine are you taking to treat your osteoporosis? \_\_\_\_\_
4. Do you take Calcium and Vitamin D? Yes No
5. Have you ever had a fracture of your arm, hip, or spine? Yes No
6. Have you fallen more than twice or fallen and hurt yourself in the past year? Yes No
7. Have you used or smoked tobacco product in the last 24 months? Yes No
  - If yes:
    - Are you a tobacco smoker? Yes No

Please understand that smoking can impair your general health as well as your orthopedic health.  
Are you interested in quitting? Yes No

Print Name: \_\_\_\_\_

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

Date \_\_\_\_\_