Name:

Preferred Pharmacy:

How did you hear about us or who referred you?

What services might interest you / do you need?

• Osteoporosis / Bone Health	• Weight Management
• Falls Prevention	• Smoking Cessation

*****************Please ONLY COMPLETE your relevant sections********************

OSTEOPOROSIS

1) Please circle any of your following risk factors for osteoporosis (weak bones)?

Age > 70	Anorexia	Low body weight (<110 lbs)	Prior weight loss surgery
Peri/Post-menopause (women)	Low testosterone (men)	Consume > 3 alcohol or caffeine beverages / day	Current or recent smoker
Frequent falls	Prior bone fracture after age 50	Family history of osteoporosis or bone / hip fracture	Loss of height >1.5”
Sedentary lifestyle	Inflammatory disease / disorder	Long term steroid treatment (pills)	Cushing’s syndrome

2) Have you ever had a DXA bone density scan?

• No	• Yes	If so, when & where _____

3) Have you had any recent lab work?

• No	• Yes	If so, when & where _____

4) Do you take a calcium and/or vitamin D supplement regularly?

● No	● Yes	If so, how much daily _____

5) Do you exercise regularly?

● No	● Yes	If so, what type/how often _____

6) Have you ever taken medication for osteoporosis?

● No	● Yes	If so, which medication(s) _____
When and how long? _____		
Any complications / side effects? _____		

FALLS PREVENTION Tablet

Ask our Medical Assistants about the Safe Balance Program Tablet

WEIGHT MANAGEMENT

1) What are your goals for weight management?

2) What do you consider your ideal weight?

3) Diet: What type(s) of diets or programs have you tried before (noom, weight watchers, keto, intermittent fasting, etc.)?

4) Exercise: What type(s) of exercise or programs have you tried before?

5) Medication: Circle any type(s) of weight loss medication have you tried before?

Phentermine (qsymia)	GLP-1 (wegovy, mounjaro, rybelsus)	Bupropion - naltrexone (contrave)	Liraglutide (saxenda)	Orilistat (xenical, alli)

SMOKING CESSATION

1) How much desire or motivation do you have to quit tobacco now?

0	1	2	3	4	5	6	7	8	9	10
Not at all										Very Much

2) Circle any method(s) have you used before to quit tobacco?

Varenicline (chantex)	Bupropion (wellbutrin)	Nicotine replacement - Gum, Patch, Lozenge, Inhaler, Nasal spray