



**Purpose:**

To identify general bone health history to educate and identify potentially high risk bone health factors that could lead to bone fracture.

Please answer each question to the best of your ability and return the completed Pre-Risk Assessment Survey to Great Lakes Orthopedics & Sports Medicine.

1. Patient full legal name

Last Name:  First Name:

2. Date of Birth:  Age

3. Any fractures (broken bones) you have had and when:

Ankle  Wrist  Hip  Back  Other

4. Current Medication taken

5. General Lifestyle: Active  Somewhat Active  Sedentary

6. Do you smoke cigarettes? Yes  Amount daily  No

7. Do you have shortness of breath? Yes  No

8. Alcohol consumption? Yes  No

9. Do you have a fear of falling or imbalance? Yes  No

10. Do you take a multi-vitamin? Yes  No

Thank you for completing your initial Pre-Risk Healthy Bone Assessment Survey. Please return your completed survey to Great Lakes Orthopedics & Sports Medicine, P.C. and you will be contacted regarding your current Healthy Bone Status.

Please provide the telephone, cell phone, email, or fax number that we may contact you to inform you of your Pre-Risk Assessment Healthy Bone status. **Thank you.**

Phone number:

Cell Phone number:

Email Address:

Fax Number:

**Note: There is no charge to receive a Pre-Risk Healthy Bone Assessment**

**Great Lakes Orthopedics & Sports Medicine, P.C.**

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