

Severe Chronic Neutropenia International Registry	SCNIR	Phone:	206-543-9749
United States Office at the University of Washington	1107 NE 45 th Street Suite 345 Seattle, WA 98105	Tollfree:	1-800-726-4463
		Fax:	206-543-3668

OSTEOPENIA /OSTEOPOROSIS FOLLOW-UP FORM

Patient: ID#: _____
DOB: _____

Do you have Osteopenia or Osteoporosis?..... No Yes

~If No, **STOP** here and return the form along with any previous bone density evaluations to the SCNIR

~If Yes, please complete the following~

1. Have you had any fractures?..... No Yes
If yes, were they..... Spontaneous Accidental
If yes, please tell us how you got the fracture:

2. Do you experience any pain from the fracture?..... No Yes
If yes, rate the severity: Mild Moderate Severe
If yes, specify site of pain:

3. Do you take medication for Osteoporosis?..... No Yes
If yes, list all medications and specify if you took it oral or intravenous (IV):

4. Do you take pain medication for Osteoporosis?..... No Yes
If yes, list all medications and specify if you took it oral or intravenous (IV):

5. What is your current height?..... _____ cm or _____ feet _____ inches

6. When were you diagnosed with Osteopenia or Osteoporosis?..... _____ / _____ month / year

We request a copy of every bone density evaluation. Examples are a DEXA scan, X-ray, DXA, or QCT.

Mail to:	SCNIR 1107 NE 45 th Street Suite 345 Seattle, WA 98105	Or	Fax: 206-543-3668
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