**Bone Health** Today’s Date

**1 - About Me**

Name

Birth Year Gender

Height cm/in Weight kg/lb

**2 - My Health (circle response)**

Previous Fracture Y N

Mother or father had hip fracture Y N

Currently smoking tobacco Y N

Treatment with prednisone Y N

(currently or for 3+ months in the past) Y N

Rheumatoid arthritis (confirmed) Y N

Alcohol (3+ drinks/day) Y N

Diabetes (insulin dependent) Y N

Menopause before age 45 (females) Y N

Celiac disease Y N

Gastric bypass surgery Y N

Chronic liver disease (confirmed) y N

**3 - My Physical Activity (circle response) Targets**

Posture Y N Awareness &

(align hips, shoulders and ears) 5+ min/day

Weight-bearing Y N 20+ min/day or

(e.g., walking, sports on your feet) 150 min/week

Strength Y N 8-12 reps, 2 sets

(e.g., weights, bands, resistance) 2+ times/week

Balance Y N 15+ min/day or

(e.g., yoga, dancing, tai chi) 120 min/week

**4 - My Current Medications (prescription, non-prescription,**

**supplement and natural health remedies)**

**5 - My Calcium Intake (estimated daily average)**

From diet: **Adults 19-50 yrs**

From supplement: 1000mg/day

Total: **Adults 51-70 yrs**

Male 1000mg/d

Female 1200mg/d

**6 - My Vitamin D Intake (estimated daily average)**

From supplement: **Adults 19-50yrs**

400-1000IU/d

**Adults 51+ years**

800-2000IU/d

**7 – My Fracture Risk (FRAX-WHO Fracture Risk Assessment – Canada)**

Risk of a major fracture over the next 10 years %

Risk of a hip fracture over the next 10 years %

**8 – My Plan**

Physical Activity

Extra calcium

Vitamin D supplement

Follow up with pharmacist

Follow up with family doctor or GP

**9 – Consulting Pharmacist**