



Your Osteoporosis Risk Sheet

Be sure to print and
bring this form to
your appointment!

Doctor's name: _____ Date: _____ Time: _____

Medications I'm taking: _____

How do I know if I'm at risk
of osteoporosis?

What warning signs should I
be looking out for?

Could my other medications impact my bone health?

What are the ways I can lower
my risk of osteoporosis?

What is a 10-year fracture risk
assessment? Should I take one?

Notes:

Have a follow-up
appointment?

Date: _____

Time: _____