## Current Fractured Bone

### Upper Limb

<table>
<thead>
<tr>
<th>Location</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder</td>
<td>☐ Clavicle</td>
</tr>
<tr>
<td></td>
<td>☐ Proximal Humerus</td>
</tr>
<tr>
<td></td>
<td>☐ Scapula</td>
</tr>
<tr>
<td>Arm</td>
<td>☐ Arm (Humeral Shaft)</td>
</tr>
<tr>
<td>Elbow</td>
<td>☐ Distal Humerus</td>
</tr>
<tr>
<td></td>
<td>☐ Proximal Radius and/or Ulna</td>
</tr>
<tr>
<td>Forearm</td>
<td>☐ Forearm (Radius/Ulna Shaft)</td>
</tr>
<tr>
<td>Wrist</td>
<td>☐ Distal Radius</td>
</tr>
<tr>
<td></td>
<td>☐ Carpal Bones</td>
</tr>
</tbody>
</table>

### Axial

<table>
<thead>
<tr>
<th>Location</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spine</td>
<td>☐ Cervical</td>
</tr>
<tr>
<td></td>
<td>☐ Thoracic</td>
</tr>
<tr>
<td></td>
<td>☐ Lumbar</td>
</tr>
<tr>
<td></td>
<td>☐ Sacrum</td>
</tr>
<tr>
<td>Ribs</td>
<td>☐ Ribs</td>
</tr>
<tr>
<td>Pelvis Ring</td>
<td>☐ Pelvis Ring</td>
</tr>
</tbody>
</table>

### Lower Limb

<table>
<thead>
<tr>
<th>Location</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip</td>
<td>☐ Acetabulum</td>
</tr>
<tr>
<td></td>
<td>☐ Proximal Femur</td>
</tr>
<tr>
<td>Thigh</td>
<td>☐ Thigh (Femoral Shaft)</td>
</tr>
<tr>
<td>Knee</td>
<td>☐ Distal Femur</td>
</tr>
<tr>
<td></td>
<td>☐ Proximal Tibia</td>
</tr>
<tr>
<td>Leg</td>
<td>☐ Leg (Tibia/Fibular Shafts)</td>
</tr>
<tr>
<td>Ankle/Foot</td>
<td>☐ Distal Tibia or Ankle</td>
</tr>
<tr>
<td></td>
<td>☐ Tarsal Bone</td>
</tr>
</tbody>
</table>
Past Medical History

Medical Risk Factors for Osteoporosis (check all that apply):
- Hyperthyroid
- Renal Disease
- COPD
- Diabetes, insulin dependent
- Osteogenesis imperfecta
- Hypogonadism
- Premature Menopause < 45 yrs
- Malnutrition, chronic
- Malabsorption
- Liver disease, chronic

Other Medical Conditions (check all that apply)
- Osteoporosis
- Depression
- Parkinson's disease
- Urinary incontinence
- Impaired hearing
- Impaired vision

Lifestyle Risk Factors for Osteoporosis
- Low calcium intake
- Vitamin D insufficiency (check only if confirmed via labs)
- High caffeine intake
- Alcohol (≥3 or more cracks daily)
- Tobacco use, current
- Sedentary lifestyle
- History of falls (2 or more in preceding year)
- History of fracture at age 50 or older
- Parental history of fracture after age of 50

If History of Fracture at 50 y/o older was checked please check all that apply:

Upper Limb:
- Shoulder
- Clavicle
- Scapula
- Proximal Humerus
- Arm (Humeral Shaft)
- Elbow
- Distal Humerus
- Proximal Radius and/or Ulna
- Forearm (Radius/Ulna Shaft)
- Wrist
- Distal Radius
- Carpal Bones

Axial
- Spine
- Cervical
- Thoracic
- Lumbar
- Sacrum
- Ribs
- Pelvic Ring
Lower Limb

- Hip
- Acetabulum
- Proximal Femur
- Thigh
- Knee
- Distal Femur
- Proximal Tibia
- Leg (Tibia/Fibular Shafts)
- Ankle/Foot
- Distal Tibia or Ankle
- Tarsal Bone
Medications

Home Medications

Home Medications-Prescribed (mark all that apply)
- Respiratory Meds
- Diuretics
- Beta-blockers
- Other anti-hypertensive meds
- Anti-diabetic meds
- Nitro
- Long term anticoagulation meds
- Anti-psychotics
- Narcotics
- Benzodiazepine
- Anticholinergic meds

Medications with risk for osteoporosis: (if taken within last 2 years)
- Aluminum based antacids
- Anticonvulsants
- Aromatase inhibitors
- Cancer therapy drugs
- Oral glucocorticoids > or = 5mg/d prednisone for > or = 3 months
- Gonadotrophin releasing hormone agonists
- Heparin
- Lithium

Nutritional Supplements

Nutritional Supplements
- Calcium
- Vitamin D

Bisphosphonates:

Alendronate (Fosamax)
- < 1 yr
- 1-3 yr
- 3-5 yr
- > 5 yrs
- Unknown

Etidronate (Didronel)
- < 1 yr
- 1-3 yr
- 3-5 yr
- > 5 yrs
- Unknown

Ibandronate intravenous injection (Boniva)
- < 1 yr
- 1-3 yr
- 3-5 yr
- > 5 yrs
- Unknown
<table>
<thead>
<tr>
<th>Drug</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibandronate oral (Boniva)</td>
<td></td>
</tr>
<tr>
<td>Pamidronate (Aredia)</td>
<td></td>
</tr>
<tr>
<td>Risedronate (Actonel)</td>
<td></td>
</tr>
<tr>
<td>Zoledronate (Reclast)</td>
<td></td>
</tr>
<tr>
<td>Other or unlisted bisphosphonate</td>
<td></td>
</tr>
</tbody>
</table>

If other/unlisted bisphosphonate, please specify

---

**Calcitonin:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcitonin (Fortical)</td>
<td></td>
</tr>
<tr>
<td>Calcitonin injection or Nasal Spray (Miacalcin)</td>
<td></td>
</tr>
</tbody>
</table>

---

**Estrogen/Hormone Therapy (ET/HT) (commonly known as HRT):**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estrongen/Hormone Theraphy</td>
<td></td>
</tr>
<tr>
<td>Raloxifene (Evista)</td>
<td></td>
</tr>
</tbody>
</table>
Other Estrogen Agonist/Antagonist Therapy

☐ < 1 yr
☐ 1-3 yr
☐ 3-5 yr
☐ > 5 yrs
☐ Unknown

If other estrogen agonist/antagonist used please specify

____________________________

Parathyroid Hormone/Teriparatide (Forteo)

Teriparatide (Forteo)

☐ < 1 yr
☐ 1-3 yr
☐ 3-5 yr
☐ > 5 yrs
☐ Unknown

If other parathyroid Hormone Therapy please specify

____________________________

Denosumab

Denosumab

☐ < 1 yr
☐ 1-3 yr
☐ 3-5 yr
☐ > 5 yrs
☐ Unknown

Total number of medications patient is currently taking

____________________________
# Outcome Scores

## Mini-Cog Test

<table>
<thead>
<tr>
<th>Mini-cog Score</th>
<th>Normal</th>
<th>Not Normal</th>
<th>Not Done</th>
</tr>
</thead>
</table>

## Charlson Comorbidity Index

<table>
<thead>
<tr>
<th>Category</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myocardial</td>
<td>- Myocardial infarction</td>
</tr>
<tr>
<td></td>
<td>- Congestive heart failure</td>
</tr>
<tr>
<td>Vascular</td>
<td>- Cerebrovascular</td>
</tr>
<tr>
<td></td>
<td>- Peripheral vascular</td>
</tr>
<tr>
<td>Pulmonary/COPD</td>
<td>- Dyspnea Mild</td>
</tr>
<tr>
<td></td>
<td>- Dyspnea Moderate to severe</td>
</tr>
<tr>
<td>Neurologic</td>
<td>- Dementia</td>
</tr>
<tr>
<td></td>
<td>- Hemiplegia/paraplegia</td>
</tr>
<tr>
<td>Endocrine</td>
<td>- Diabetes</td>
</tr>
<tr>
<td></td>
<td>- Diabetes with end organ damage</td>
</tr>
<tr>
<td>Renal</td>
<td>- Moderate to severe</td>
</tr>
<tr>
<td>Liver</td>
<td>- Mild insufficiency</td>
</tr>
<tr>
<td></td>
<td>- Moderate to severe insufficiency</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>- Peptic ulcer disease</td>
</tr>
<tr>
<td>Cancer/Immune</td>
<td>- Tumor, last 5 years</td>
</tr>
<tr>
<td></td>
<td>- Leukemia</td>
</tr>
<tr>
<td></td>
<td>- Lymphoma</td>
</tr>
<tr>
<td></td>
<td>- Metastatic solid tumor</td>
</tr>
<tr>
<td>Rheumatological</td>
<td>- Connective tissue disease</td>
</tr>
</tbody>
</table>

## CCI Score:

<table>
<thead>
<tr>
<th>Score Type</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age unadjusted</td>
<td></td>
</tr>
<tr>
<td>Age adjusted</td>
<td></td>
</tr>
</tbody>
</table>
Parker mobility score- Only single selection is allowed

Able to walk inside house
- No difficulty
- Alone, with an assistive device
- With help for another person
- Not at all

Able to walk outside house
- No difficulty
- Alone, with an assistive device
- With help for another person
- Not at all

Able to do shopping, to a restaurant or to visit family
- No difficulty
- Alone, with an assistive device
- With help for another person
- Not at all

Activities of daily living preoperative (independent)

Select all that apply
- Bathing
- Ambulation
- Toileting
- Transfers
- Eating
- Grooming

Patient Health Survey (SF12v2)

In general, would you say your health is:
- Excellent
- Very good
- Good
- Fair
- Poor

The following questions are about activities you might do during a typical day. Does your health NOW limited you in these activities?

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

Climbing several flights of stairs
- Yes, limited a lot
- Yes, limited a little
- No, not limited at all
## During the past 4 weeks, how much of the time have you had any of the following problems, with your work or other regular daily activities as a result of our physical health?

| Accomplished less than you would like | □ All of the time  
|                                      | □ Most of the time  
|                                      | □ Some of the time  
|                                      | □ A little of the time  
|                                      | □ None of the time  

| Were limited in the kind of work or other activities | □ All of the time  
|                                                      | □ Most of the time  
|                                                      | □ Some of the time  
|                                                      | □ A little of the time  
|                                                      | □ None of the time  

### During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

| Accomplished less than you would like | □ All of the time  
|                                      | □ Most of the time  
|                                      | □ Some of the time  
|                                      | □ A little of the time  
|                                      | □ None of the time  

| Didn't do work or other activities as carefully as usual | □ All of the time  
|                                                          | □ Most of the time  
|                                                          | □ Some of the time  
|                                                          | □ A little of the time  
|                                                          | □ None of the time  

| Didn't do work or other activities as carefully as usual | □ All of the time  
|                                                          | □ Most of the time  
|                                                          | □ Some of the time  
|                                                          | □ A little of the time  
|                                                          | □ None of the time  

| During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? | □ Not at all  
|                                                                                                                          | □ A little bit  
|                                                                                                                          | □ Moderately  
|                                                                                                                          | □ Quite a bit  
|                                                                                                                          | □ Extremely  

### These questions are about how you feel how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

| Have you felt calm and peaceful | □ All of the time  
|                                  | □ Most of the time  
|                                  | □ Some of the time  
|                                  | □ A little of the time  
|                                  | □ None of the time  

| Did you have a lot of energy | □ All of the time  
|                             | □ Most of the time  
|                             | □ Some of the time  
|                             | □ A little of the time  
|                             | □ None of the time  

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Have you felt downhearted and depressed

☐ All of the time
☐ Most of the time
☐ Some of the time
☐ A little of the time
☐ None of the time

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

☐ All of the time
☐ Most of the time
☐ Some of the time
☐ A little of the time
☐ None of the time
Surgery

Orthopaedic Surgeon

Surgery Date

Incision Time (HH:MM)

Causes for surgical delay

☐ None
☐ Consent Delay
☐ Medically unstable
☐ OR time not available
☐ Anesthesia delay
☐ Medical delay
☐ Orthopaedics delay
☐ Other

If "Other" is checked please specify

Treatment (please check all that apply)

☐ Should hemiarthroplasty
☐ Plating proximal humerus (locking)
☐ Plating proximal humerus (non locking)
☐ Plating humerus diaphysis (locking)
☐ Plating humerus diaphysis (non locking)
☐ Plating distal humerus (locking)
☐ Plating distal humerus (non locking)
☐ Plate/screws olecranon (locking)
☐ Plate/screws olecranon (non locking)
☐ Plating forearm (locking)
☐ Plating forearm (non locking)
☐ Pinning wrist
☐ External fixation wrist
☐ Plating wrist (locking)
☐ Plating wrist (non locking)
☐ Dynamic hip screw
☐ Hip hemiarthroplasty
☐ Femoral nail
☐ Cephalo medullary nail
☐ Plate distal femur (locking)
☐ Plate distal femur (non locking)
☐ Plating proximal tibia (locking)
☐ Plating proximal tibia (non locking)
☐ Nail tibia
☐ Plating tibia distal (locking)
☐ Plating tibia distal (non locking)
☐ Ankle plate screws
☐ Metatarsal
☐ Calcaneus (locking)
☐ Calcaneus (non locking)
☐ Talus
☐ Other
☐ Cannulated screws hip

If "Other" was check please specify:

Additional Treatment

☐ Bone Graft
☐ Allograft
☐ Autograft
☐ Other

If "other" was selected please specify
Please fill in lab amount, then click high, low or normal. Refer to amount listed for range.

<table>
<thead>
<tr>
<th>Pre-albumin</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td></td>
</tr>
<tr>
<td>□ Low &lt; 17</td>
<td></td>
</tr>
<tr>
<td>□ Normal 17-39</td>
<td></td>
</tr>
<tr>
<td>□ High &gt;30</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vitamin D</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td></td>
</tr>
<tr>
<td>□ Sufficient ≥/≤ 30 ng/ml</td>
<td></td>
</tr>
<tr>
<td>□ Insufficient = 21-31 ng/ml</td>
<td></td>
</tr>
<tr>
<td>□ Mild deficiency= 10-20 ng/ml</td>
<td></td>
</tr>
<tr>
<td>□ Moderate deficiency = 5-10 ng/ml</td>
<td></td>
</tr>
<tr>
<td>□ Severe deficiency &lt; 5ng/ml</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Calcium</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td></td>
</tr>
<tr>
<td>□ Normal = 8.6-10</td>
<td></td>
</tr>
<tr>
<td>□ Low &lt; 8.6</td>
<td></td>
</tr>
<tr>
<td>□ High &gt; 10</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PTH-I</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td></td>
</tr>
<tr>
<td>□ Normal = 14-72</td>
<td></td>
</tr>
<tr>
<td>□ High &gt; 72</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TSH</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td></td>
</tr>
<tr>
<td>□ Normal = 0.55-4.78</td>
<td></td>
</tr>
<tr>
<td>□ High &gt; 4.78</td>
<td></td>
</tr>
<tr>
<td>□ Low &lt; 0.55</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Magnesium</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td></td>
</tr>
<tr>
<td>□ Normal = 1.6-2.6</td>
<td></td>
</tr>
<tr>
<td>□ High &gt; 2.6</td>
<td></td>
</tr>
<tr>
<td>□ Low &lt; 1.6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phosphorous</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td></td>
</tr>
<tr>
<td>□ Normal = 2.7-4.5</td>
<td></td>
</tr>
<tr>
<td>□ High &gt;4.5</td>
<td></td>
</tr>
<tr>
<td>□ Low &lt; 2.7</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alkaline phosphatase</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td></td>
</tr>
<tr>
<td>□ Normal = 38-126</td>
<td></td>
</tr>
<tr>
<td>□ High &gt; 126</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ALT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td></td>
</tr>
<tr>
<td>□ Normal = 8-35</td>
<td></td>
</tr>
<tr>
<td>□ High &gt; 35</td>
<td></td>
</tr>
</tbody>
</table>
Range

Hgb

Range

B12

Range

Admission U/A: probability for infection

☐ Normal = 5-34
☐ High > 34

☐ Normal = 11.7-15.5
☐ Low < 11.7

☐ Normal = 211-911
☐ Low < 211

☐ + Nitrites
☐ + Leukocyte esterase
☐ + Bacteria > = 100,000 CFU

Admission: Urine Culture (if done)

☐ Positive
☐ Negative
☐ Contamination
Complications

CAM delirium score (delirium requires 1A, 1B, 2 and either 3 or 4)

☐ 1A: Acute onset
☐ 1B: Fluctuating course
☐ 2: Inattention
☐ 3: Disorganized thinking
☐ 4: Altered level of consciousness
☐ Normal
☐ Not done

Check all that apply

☐ UTI
☐ Hypoxia
☐ Pneumonia
☐ DVT/PE
☐ Infection at surgical site
☐ Bleeding/Gastrointestinal hemorrhage
☐ Bleeding/Hematoma
☐ New or worsening Renal insufficiency/failure
☐ Skeletal: refx, implant dislocation, peri-prosthetic fx, hardware failure
☐ CV: new or worsening CHF, MI, arrhythmia, CVA
☐ Re-operation
☐ Expired in hospital
☐ Death within 30 days of surgery
☐ Re-admission within 30 days of surgery
Counseling

Check all that apply:

☐ Supplements (calcium, Vitamin D)
☐ Exercise
☐ Fall prevention
☐ Smoking
☐ Alcohol
☐ BMD recommendation
☐ Pharmacologic recommendations: Initiation or Continuation Rx; supplements
☐ Pharmacologic tx: Initiated or continued Rx or supplements

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Discharge

Discharge date
Discharge time
Length of stay (days, to one decimal place)

Status at discharge
☐ Routine to home or self-care
☐ to home with health services
☐ to SNF
☐ to nursing home or hospice
☐ Expired in hospital

Discharged without narcotics
☐ Yes
☐ No

PT orders/exercise program
☐ Yes
☐ No
Medical Exam

Instructions: (a clock should not be within patient’s view)
1. Instruct the patient to listen carefully to, and remember, 3 unrelated words. The patient repeats the words back to be sure the patient heard them. (e.g. penny, apple, table)
2. CDT: Instruct the patient to draw the face of a clock on a blank sheet of paper or on a sheet with the clock circle. Ask the patient to place the numbers on the face of the clock. Next, ask the patient to draw the hands of the clock to read the time 11:10. Instructions can be repeated, but no additional instructions given. If the clock drawing cannot be completed, in less than 3 minutes, move to the next step.
3. Ask the patient to repeat the 3 words previously presented.

Recall: Score 0-3 One point for each recalled word after CDT distractor.

□ 0
□ 1
□ 2
□ 3

Interpretation: (check all that apply)
□ Positive screen for dementia
□ Recall score of 0
□ Recall score of 1-2 with abnormal CDT
□ Negative screen for dementia
□ Recall score of 3
□ Recall score of 1-2 with normal CDT

Acute onset and fluctuating course

Is there evidence of an acute change in mental status from the patient’s baseline?

□ Yes
□ No

Did the (abnormal) behavior fluctuate during the day, that is, tend to come and go or increase and decrease in severity?

□ Yes
□ No

Inattention

Did the patient have difficulty focusing attention, for example, being easily distracted or having difficulty keeping track of what was being said?

□ Yes
□ No
Disorganized Thinking

Was the patient's thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?

☐ Yes
☐ No

Altered Level of Consciousness

Overall, how would you rate the patient's level of consciousness? Other than "Alert" Vigilant (hyperalert), Lethargic (drowsy,easily aroused), Stupor (difficult to arouse), coma (unarousable) Alert (normal)

☐ Yes
☐ No

The diagnosis of delirium by CAM requires the presence of features 1a, 1b, and 2 and either 3 or 4.

Diagnosis by Cam

☐ Normal
☐ Delirium

Vision

Depth Perception

☐ Normal
☐ Abnormal

Near Vision

☐ Normal
☐ Abnormal

Last Eye Exam

Bifocals

☐ Yes
☐ No

Hearing

Hearing

☐ Normal
☐ Not Normal

Mobility

Strength Upper Extremities

Strength Lower Extremities

Shoes

☐ Supportive
☐ Not supportive
Cardiovascular

Heart Rate/Rhythm

Postural BP

---

**DEXA:**

Ordered

☐ Yes
☐ No

Date Completed

---

**T-score per site:**

Total Hip

Neck of femur

Spine

Wrist
# Follow up appointments

**OTB #**

**Study Visit number**

- [x] 6 week
- [ ] 3 month
- [ ] 6 month
- [ ] 1 year
- [ ] Annual (after 1 year)

**Date fx healed by x-ray**

________________________

**Other orthopedics surgery required**

- [ ] Yes
- [ ] No

**If yes, please list surgery that was required**

________________________

**Complications**

- [ ] Mortality
- [ ] Fall
- [ ] Fracture

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### Gait and Balance:

**Gait Speed**

________________________

**Tinetti Assessment**

________________________

**Berg Balance Scale**

________________________

**Get up and Go time**

________________________

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### Patient compliance with treatment recommendation and counseling

**Exercise**

- [x] Yes
- [ ] No

**Fall prevention**

- [x] Yes
- [ ] No

**Smoking**

- [x] Yes
- [ ] No

**Alcohol**

- [x] Yes
- [ ] No

**Rx**

- [x] Yes
- [ ] No

**Supplements**

- [ ] Yes
- [ ] No

**Letter sent to PCP**

- [ ] Yes
- [ ] No
- [ ] No PCP
# Geriatrician Visit

| Study Visit       | □ 2 week  
|                  | □ 1 year  
| Postural Hypotension | □ Yes  
|                  | □ No   
| MMSE Score       |                
| Orientation      |                
| Registration     |                
| Attention and calculation |                
| Recall           |                
| Language         |                
| GDS score        |                

**Number of medications taking (prescribed):**

| Category                      |                
|-------------------------------|----------------|
| Total                         |                
| Respiratory meds              |                
| Diuretics                     |                
| Beta Blockers                 |                
| Other anti-hypertensive meds  |                
| Anti-diabetic meds            |                
| Nitroglycerin                 |                
| Long term anti-coagulation med |                
| Anti-psychotics               |                
| Narcotics                     |                
| Benzodiazepine                |                
| Anticholinergic meds          |                

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**Repeat Hb if the patient is anemic. Repeat chem 6 if patient has renal insufficiency**

| Parameter |                
|-----------|----------------|
| Hb        |                
| Cr.       |                

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CCTS604 -- Own the Bone

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REDCap
Management:

Number of medications changed

Adjust antihypertensive meds

Treatment for vitamin D deficiency

Initiation of SSRI

Adjustments make to depression medications?

Fall prevention education

Handouts given

Letter sent to PCP

☐ Yes
☐ No