

EMORY'S BONE STRESS INJURY CLINIC

NEW PATIENT INTAKE QUESTIONNAIRE

Patient name: _____

Age: _____

Date of birth: _____

Today's date: _____

What sport(s) do you play or what exercise do you do? _____

Where is your pain? _____

Have you been diagnosed with an injury? YES NO
If yes, what is the diagnosis? _____

BONE HISTORY:

Have you ever had a fracture or broken bone?

YES NO

If yes, how many? _____

Which bone (s)? _____

When? _____

Have you ever had a stress fracture?

YES NO

If yes, how many? _____

Which bone(s)? _____

When? _____

Are you currently being treated for a stress fracture:

YES NO

When were you diagnosed? _____

Have you had xrays? YES NO

Results: _____

Have you had an MRI? YES NO

Results: _____

How have you been treated?

Time out of activity: YES NO

If yes, how long have you been out? _____

Walking boot: YES NO

If yes, how long have you been in the walking boot? _____

Bone stimulator: YES NO

If yes, how long have you used the bone stimulator? _____

How long per day/how many times per day? _____

Have you ever had a DEXA scan to evaluate your bone density?

YES NO

Results: _____

Have you had any labs done?

YES NO

Results: _____

MENSTRUAL HISTORY

Age when you started your period? _____

Do you get regular periods every month? YES NO

Have you had irregular periods in the past? YES NO

Since starting your period, have you ever gone 6 months or longer without a period?

YES NO

In the last 12 months, how many periods have you gotten? _____

Are you on birth control? YES NO

If yes, what type? _____

NUTRITION HISTORY:

Current height _____

Current weight: _____

Highest weight: _____

Lowest weight at your current height: _____

Have you lost weight in the last 6 months? YES NO

If yes, how much? _____

Have you lost weight in the last 12 months? YES NO

If yes, how much? _____

Do you avoid certain food groups or follow a special diet? YES NO
 If yes, please describe: _____

Do you consume dairy? YES NO
 If yes, please describe: _____

Do you smoke? YES NO
 If yes, please describe: _____

Do you drink alcohol? YES NO
 If yes, please describe: _____

MEDICAL HISTORY:

Do you have osteoporosis? YES NO
 Do you have thyroid disease? YES NO
 Do you have celiac disease? YES NO
 Do you have an auto-immune disease? YES NO
 Do you have a history of anemia? YES NO
 Have you ever had a kidney stone? YES NO
 Please list other past or current medical diagnoses: _____

MEDICATION HISTORY:

Are you currently taking any prescription medications regularly?
 YES NO
 If yes, what medications (including frequency)? _____

Are you currently taking any non-prescription medications or supplements regularly?
 YES NO
 If yes, what medications/supplements (including frequency)? _____

Have you ever taken oral steroids (prednisone?) YES NO
 If yes, how many times and for how long? _____

Have you ever taken medication for reflux? YES NO
 If yes, when and for how long? _____

Have you ever taken diuretics? YES NO
 If yes, please describe? _____

Do you take calcium (or have you in the past)? YES NO
If yes, dose and frequency: _____

Do you take vitamin D (or have you in the past)? YES NO
If yes, dose and frequency: _____

Do you take iron (or have you in the past)? YES NO
If yes, dose and frequency: _____

FAMILY HISTORY:

Osteoporosis <60 yo in female relative	YES	NO
Osteoporosis in male relative	YES	NO
Thyroid disease	YES	NO
Autoimmune disease	YES	NO
Hip Fracture	YES	NO
Kidney stones	YES	NO
Other: _____		

Please describe 'yes' answers from above: _____

TRAINING REGIMEN:

Please detail a typical week in your sport/exercise including distance/duration, number of days per week, other: _____

_____.

How many days per week do you rest (no training at all)? _____
How many days per week do you cross-train and what do you do for cross-training? _____
_____.

Do you wear orthotics? YES NO

THANK YOU!

RED-S CAT

Relative energy Deficiency in Sports (RED-S)
 Clinical Assessment Tool (CAT)

HIGH RISK NO START RED LIGHT	MODERATE RISK CAUTION YELLOW LIGHT	LOW RISK GREEN LIGHT
<p>Anorexia nervosa and other serious eating disorders</p> <p>Other serious medical (psychological and physiological) conditions related to low energy availability</p> <p>Use of extreme weight loss techniques leading to dehydration induced hemodynamic instability and other life threatening conditions</p>	<p>Prolonged abnormally low % body fat measured by DXA* or anthropometry</p> <p>Substantial weight loss (5-10% body mass in one month)</p> <p>Attention of expected growth and development in adolescent athlete</p>	<p>Appropriate physique that is managed without undue stress or unhealthy diet/exercise strategies</p>
	<p>Low **EA of prolonged and/or sever nature</p>	<p>Healthy eating habits with appropriate EA</p>
	<p>Abnormal menstrual cycle: functional hypothalamic amenorrhea > 3 months</p> <p>No menarche by age 15 y in females</p>	<p>Healthy functioning endocrine system</p>
	<p>Reduced bone mineral density (either in comparison to prior DXA or Z-score < - 1 SD). History of 1 or more stress fractures associated with hormonal/menstrual dysfunction and/or low EA</p>	<p>Healthy bone mineral density as expected for sport, age, and ethnicity</p> <p>Healthy musculoskeletal system</p>

Menarche to Menopause: A Team Approach for Treating Female Athletes with RED-S Across the Lifespan
 Presented by Val Schonberg, MS, RDN, CSSD, LD, NCMP, FAND, and, Courtney Gleason, MD

HIGH RISK NO START RED LIGHT	MODERATE RISK CAUTION YELLOW LIGHT	LOW RISK GREEN LIGHT
Severe ECG abnormalities (i.e. bradycardia)	Athletes with physical/psychological complications, related to low EA+/-disordered eating; Diagnostic testing abnormalities related to low EA +/- disordered eating	
	Prolonged relative energy deficiency Disordered eating behavior negatively affecting other team members Lack of progress in treatment and/or non-compliance	

HIGH RISK RED LIGHT	MODERATE RISK YELLOW LIGHT	LOW RISK GREEN LIGHT
No competition No training Use of written-contract	May train as long as he/she is following the treatment plan May compete once medically cleared under supervision	Full sport participation

Responsibilities and Accountabilities Model of the Multi-Discipline Practitioner Approach Required to Monitor, Prevent, Diagnose, and Treat RED-S in an Athlete

