1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE/SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

VISIT TYPE: OSTEOPOROSIS CONSULTATION / BONE HEALTH FOLLOW-UP / FRACTURE RISK ASSESSMENT / DEXA REVIEW / MEDICATION MANAGEMENT / TELEHEALTH

CARE SETTING: OUTPATIENT / RHEUMATOLOGY CLINIC / ENDOCRINOLOGY CLINIC / BONE HEALTH CLINIC / PRIMARY CARE / TELEHEALTH

PRIMARY CARE PROVIDER, IF APPLICABLE

REFERRING PROVIDER, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY CONCERN

Document the primary osteoporosis or bone health-related reason for the visit in the patient's own words when possible, including osteoporosis evaluation, osteopenia follow-up, fragility fracture, low bone density, DEXA review, fracture risk assessment, medication management, long-term steroid use, calcium/vitamin D counseling, secondary osteoporosis evaluation, or bone health optimization.

S SUBJECTIVE

3 PATIENT-REPORTED HISTORY

Document patient-reported fracture history, bone health risk factors, medication exposure, nutrition, lifestyle factors, prior testing, and treatment response.

3a FRACTURES, FALLS & BONE DENSITY

Reason for Osteoporosis / Bone Health Evaluation:

Document whether the visit is for initial osteoporosis evaluation, osteopenia follow-up, fragility fracture evaluation, DEXA review, secondary osteoporosis workup, medication initiation, medication monitoring, treatment failure concern, long-term glucocorticoid exposure, or fracture prevention counseling.

Fracture History:

Document prior fractures, fracture location, date/age at fracture, mechanism of injury, low-trauma versus high-trauma context, vertebral compression fractures, hip/wrist/humerus/pelvic fractures, recurrent fractures, healing complications, and prior orthopedic care.

Falls / Fall Risk:

Document falls, near falls, balance issues, gait instability, dizziness, neuropathy, vision impairment, assistive device use, home safety concerns, footwear, sedating medications, and fear of falling.

Bone Density History:

Document prior DEXA results, date of last scan, lowest T-score, affected sites, interval change, prior vertebral fracture assessment, FRAX score if available, and whether results have changed over time.

Osteoporosis / Osteopenia Treatment History:

Document prior and current bisphosphonates, denosumab, anabolic therapy, romosozumab, selective estrogen receptor modulators, hormone therapy, calcitonin, calcium/vitamin D, adherence, duration, response, side effects, drug holidays, discontinuations, and treatment gaps.

Medication Risk Factors:

Document glucocorticoid exposure, aromatase inhibitors, androgen deprivation therapy, anti-seizure medications, proton pump inhibitors, anticoagulants, thyroid hormone excess, chemotherapy, immunosuppressants, loop diuretics, or other medications affecting bone health.

Calcium and Vitamin D Intake:

Document dietary calcium intake, supplements, vitamin D supplementation, dose if known, adherence, tolerance, kidney stone history, hypercalcemia history, and barriers to supplementation.

Nutrition / Weight History:

Document appetite, weight loss, low BMI, protein intake, malabsorption symptoms, eating disorder history if disclosed, bariatric surgery history, dietary restrictions, food access, and nutritional adequacy.

Physical Activity / Exercise:

Document weight-bearing exercise, resistance training, balance training, activity limitations, pain with movement, physical therapy, sedentary time, and exercise goals.

3b RISK FACTORS & SECONDARY CAUSES

Hormonal / Reproductive Risk Factors:

Document menopause status, age at menopause, premature ovarian insufficiency, hysterectomy/oophorectomy history, amenorrhea, hypogonadism, testosterone deficiency, pregnancy/lactation history when relevant, and hormone therapy use.

Endocrine / Secondary Osteoporosis Risk Factors:

Document thyroid disease, hyperparathyroidism, diabetes, Cushing syndrome, hypogonadism, adrenal disease, vitamin D deficiency, chronic kidney disease, liver disease, malabsorption, celiac disease, inflammatory bowel disease, rheumatoid arthritis, or other secondary causes.

Dental / Jaw History:

Document dental disease, planned dental extractions or implants, jaw pain, poor dentition, prior osteonecrosis of the jaw, and dental clearance needs when antiresorptive therapy is being considered.

Renal / Stone History:

Document chronic kidney disease, nephrolithiasis, hypercalcemia, hypercalciuria, renal function trends, and implications for calcium/vitamin D or osteoporosis medication selection.

Pain / Spine Symptoms:

Document back pain, height loss, kyphosis, acute spine pain, radicular symptoms, functional limitation, known compression fractures, and prior spine imaging.

Family History:

Document family history of osteoporosis, hip fracture, recurrent fractures, kidney stones, endocrine disorders, early menopause, or metabolic bone disease.

Social History:

Document tobacco/nicotine use, alcohol intake, activity level, living situation, fall hazards, support system, sun exposure, diet pattern, mobility, and access to medications or exercise resources.

Pertinent Negatives:

Document denial of red-flag symptoms when clinically relevant, including acute severe back pain after minor trauma, neurologic deficit, bowel/bladder dysfunction, unexplained weight loss, fever, night sweats, hypercalcemia symptoms, severe hip pain, or recurrent unexplained fractures.

ROS OSTEOPOROSIS & BONE HEALTH REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Document pertinent positives and negatives:

Bone pain, back pain, height loss, kyphosis, fracture history, or acute injury

Falls, dizziness, balance problems, weakness, neuropathy, or gait instability

Joint pain, muscle weakness, difficulty walking, or functional limitation

Weight loss, poor appetite, malabsorption symptoms, diarrhea, or nutritional concerns

Kidney stones, excessive thirst, polyuria, constipation, or hypercalcemia symptoms

Menopause symptoms, amenorrhea, hypogonadal symptoms, or hormonal risk factors

Dental pain, planned dental work, jaw pain, or oral surgery history

Medication side effects, adherence barriers, injection/infusion reactions, or access issues

O OBJECTIVE

5 EXAMINATION

Document observed osteoporosis and bone health-relevant findings.

5a VITALS

TEMPERATURE	BLOOD PRESSURE	HEART RATE
RESPIRATORY RATE	OXYGEN SATURATION	HEIGHT
PRIOR HEIGHT, IF AVAILABLE	WEIGHT	BMI
PAIN SCORE, IF APPLICABLE		

5b EXAMINATION

General Appearance:

Document alertness, distress level, body habitus, frailty, mobility, assistive device use, and overall clinical condition.

Spine / Posture:

Document kyphosis, scoliosis, vertebral tenderness, height loss, range of motion, paraspinal tenderness, and pain with movement.

Musculoskeletal:

Document gait, balance, strength, proximal muscle weakness, joint deformities, hip tenderness, range of motion, fall risk findings, and functional limitations.

Neurologic:

Document mental status, strength, sensation, reflexes, gait, balance, neuropathy findings, and focal deficits when relevant.

Dental / Oral, if assessed:

Document dentition, oral lesions, jaw tenderness, planned dental work, and findings relevant to antiresorptive therapy safety.

Cardiovascular:

Document rate, rhythm, edema, perfusion, and findings relevant to medication safety or fall risk.

Pulmonary:

Document respiratory effort, breath sounds, and findings relevant to kyphosis or functional limitation.

Skin:

Document bruising, steroid-related skin thinning, wounds, pressure areas, or signs of frailty.

FR FRACTURE RISK ASSESSMENT

6 INDIVIDUALIZED RISK

Document individualized fracture risk. Include:

PRIOR FRAGILITY FRACTURE

LOWEST DEXA T-SCORE

FRAX SCORE IF CALCULATED

AGE AND SEX-RELATED RISK

GLUCOCORTICOID EXPOSURE

PARENTAL HIP FRACTURE HISTORY

SMOKING/NICOTINE USE

ALCOHOL INTAKE

RHEUMATOID ARTHRITIS OR AUTOIMMUNE DISEASE

SECONDARY OSTEOPOROSIS RISK FACTORS

FALL RISK

VERTEBRAL FRACTURE HISTORY

TREATMENT HISTORY AND ADHERENCE

VERY HIGH FRACTURE RISK FEATURES WHEN APPLICABLE

DXA DEXA / BONE DENSITY ASSESSMENT

7 BONE DENSITY FINDINGS

Document bone density findings when reviewed. Include:

DEXA DATE AND FACILITY

LUMBAR SPINE BMD AND T-SCORE

TOTAL HIP BMD AND T-SCORE

FEMORAL NECK BMD AND T-SCORE

1/3 RADIUS BMD AND T-SCORE WHEN APPLICABLE

Z-SCORE WHEN RELEVANT

LOWEST T-SCORE

INTERVAL CHANGE FROM PRIOR DEXA

LEAST SIGNIFICANT CHANGE IF AVAILABLE

VERTEBRAL FRACTURE ASSESSMENT RESULTS IF PERFORMED

TECHNICAL LIMITATIONS, ARTIFACTS, DEGENERATIVE CHANGES, HARDWARE, OR POSITIONING ISSUES

INTERPRETATION: NORMAL BONE DENSITY / OSTEOPENIA / OSTEOPOROSIS / SEVERE OSTEOPOROSIS WHEN APPLICABLE

SO SECONDARY OSTEOPOROSIS EVALUATION

8 SECONDARY CAUSES

Document evaluation for secondary causes when indicated. Include:

CALCIUM AND VITAMIN D STATUS

PARATHYROID HORMONE

THYROID FUNCTION

RENAL FUNCTION

LIVER FUNCTION

CBC AND ANEMIA EVALUATION

CELIAC TESTING WHEN INDICATED

SPEP/UPEP WHEN INDICATED

TESTOSTERONE OR REPRODUCTIVE HORMONE TESTING WHEN INDICATED

CORTISOL/CUSHING EVALUATION WHEN INDICATED

PHOSPHORUS AND MAGNESIUM

24-HOUR URINE CALCIUM WHEN INDICATED

MEDICATION CONTRIBUTORS

MALABSORPTION, BARIATRIC SURGERY, INFLAMMATORY DISEASE, ENDOCRINE DISEASE, KIDNEY DISEASE, LIVER DISEASE, OR MALIGNANCY-RELATED CONCERNS

MT MEDICATION / TREATMENT MONITORING

9 THERAPY REVIEW

Document osteoporosis therapy monitoring and safety review. Include:

CURRENT BONE MEDICATION

DOSE, ROUTE, FREQUENCY, AND DURATION

ADHERENCE AND MISSED DOSES

TREATMENT RESPONSE

SIDE EFFECTS

RENAL FUNCTION CONSIDERATIONS

CALCIUM/VITAMIN D ADEQUACY

DENTAL/JAW SYMPTOMS

ATYPICAL FEMUR FRACTURE SYMPTOMS SUCH AS THIGH/GROIN PAIN

INJECTION OR INFUSION REACTIONS

DENOSUMAB DISCONTINUATION OR TRANSITION PLANNING WHEN APPLICABLE

BISPHOSPHONATE HOLIDAY CONSIDERATION WHEN APPLICABLE

ANABOLIC THERAPY DURATION AND SEQUENTIAL THERAPY PLANNING

INSURANCE/ACCESS BARRIERS

REFILL OR INFUSION SCHEDULING NEEDS

ST SCREENING / ASSESSMENT TOOLS

10 SCORES & INTERPRETATION

Document standardized tools used and interpretation, if applicable. Include: FRAX · Fall risk screening · Timed Up and Go · DEXA interpretation · Vertebral fracture assessment · Pain scale · Functional status assessment · Nutrition screening · Medication adherence assessment · PHQ-9 / GAD-7 when chronic pain or fracture risk affects mood/function. Include score, result, interpretation, comparison to prior results, and limitations.

L LABORATORY AND DIAGNOSTIC RESULTS

11 REVIEWED & ORDERED

Document osteoporosis and bone health-relevant results reviewed or ordered. Include:

Bone Density / Imaging:

DEXA, vertebral fracture assessment, spine X-ray, hip X-ray, fracture imaging, CT, MRI, bone scan, or imaging for suspected compression fracture.

Routine Labs:

CBC, CMP, calcium, albumin, renal function, liver function, alkaline phosphatase, phosphorus, magnesium, and electrolytes.

Bone / Endocrine Labs:

25-hydroxyvitamin D, PTH, TSH, free T4, testosterone, estradiol/FSH when relevant, bone turnover markers, and endocrine testing for secondary causes.

Malabsorption / Secondary Workup:

Celiac serologies, SPEP/UPEP, serum free light chains, 24-hour urine calcium, cortisol testing when indicated, inflammatory markers, and disease-specific labs.

Medication Safety Labs:

Creatinine/eGFR before bisphosphonate therapy, calcium before denosumab or infusion therapy, vitamin D status, and therapy-specific monitoring labs.

Prior Records Reviewed:

DEXA reports, fracture records, orthopedic notes, rheumatology/endocrinology notes, primary care notes, medication history, dental records when relevant, imaging reports, lab trends, and outside records.

A ASSESSMENT

12 BONE HEALTH INTERPRETATION

Provide osteoporosis and bone health-specific clinical interpretation: Primary bone health diagnosis or working diagnosis · Osteoporosis versus osteopenia versus normal bone density status · Fracture risk category and key risk drivers · Fragility fracture status and fracture pattern · Secondary osteoporosis contributors considered or identified · Fall risk and functional concerns · Calcium, vitamin D, nutrition, and exercise adequacy · Medication response, adherence, side effects, and safety considerations · Appropriateness of current therapy or need for initiation/escalation/change · Need for DEXA monitoring, spine imaging, labs, medication adjustment, dental evaluation, fall-prevention intervention, physical therapy, endocrinology/rheumatology referral, or urgent evaluation

P PLAN

13 MANAGEMENT BY PROBLEM

Outline osteoporosis and bone health management by problem. Include:

Diagnostic plan,

including DEXA, vertebral fracture assessment, fracture imaging, secondary osteoporosis labs, bone turnover markers, renal function testing, or endocrine workup when indicated.

Medication plan,

including initiation, continuation, change, drug holiday, sequential therapy, infusion/injection scheduling, monitoring labs, contraindications, side effect counseling, and adherence support.

Fracture prevention plan,

including fall risk reduction, home safety, vision/hearing optimization, balance training, assistive devices, footwear review, and physical therapy referral when indicated.

Calcium and vitamin D plan,

including dietary calcium, supplement strategy, vitamin D supplementation, lab monitoring, kidney stone precautions, and avoidance of excessive supplementation.

Exercise plan,

including weight-bearing activity, resistance training, balance exercises, posture training, spine precautions, and gradual progression based on pain and fracture risk.

Nutrition plan,

including adequate protein, calorie intake, vitamin D/calcium-rich foods, reduced excessive alcohol, smoking cessation, and dietitian referral when malnutrition risk is present.

Spine/compression fracture plan,

including imaging, pain control, bracing when appropriate, physical therapy, osteoporosis medication optimization, referral, and neurologic red-flag precautions.

Dental safety plan,

including dental evaluation before antiresorptive therapy when appropriate, oral hygiene, planned dental procedure coordination, and jaw symptom precautions.

Medication safety plan,

including renal dosing, hypocalcemia precautions, atypical femur fracture counseling, osteonecrosis of the jaw counseling, denosumab transition planning, and infusion/injection adverse effect monitoring.

Referral and care coordination plan

with endocrinology, rheumatology, orthopedics, physical therapy, fall prevention program, nutrition, dentistry/oral surgery, primary care, nephrology, or emergency care when indicated.

Patient education

regarding diagnosis, fracture risk, medication options, lifestyle measures, fall prevention, calcium/vitamin D, warning signs, and when to seek urgent or emergency care.

F FOLLOW-UP

14 REASSESSMENT PLAN

Specify follow-up timeframe and purpose, including lab review, medication tolerance, injection/infusion scheduling, fracture reassessment, fall risk follow-up, DEXA monitoring, secondary osteoporosis workup, physical therapy progress, or urgent return precautions.

TB TIME DOCUMENTATION & BILLING

15 TIME DOCUMENTATION (IF APPLICABLE)

TOTAL TIME SPENT

BONE HEALTH COUNSELING TIME

MEDICATION COUNSELING TIME

FALL PREVENTION COUNSELING TIME

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

DEXA / IMAGING REVIEW TIME, IF APPLICABLE

15a BILLING CONSIDERATIONS — E/M / OSTEOPOROSIS & BONE HEALTH CODING

E/M LEVEL: [E.G., 99202 / 99203 / 99204 / 99205 / 99212 / 99213 / 99214 / 99215]

DEXA / IMAGING REVIEW DOCUMENTATION, IF APPLICABLE

INJECTION / INFUSION MANAGEMENT CODE(S), IF APPLICABLE

MEDICATION MONITORING / HIGH-RISK MEDICATION DOCUMENTATION, IF APPLICABLE

FALL RISK / PREVENTIVE COUNSELING CODE(S), IF APPLICABLE

BASIS FOR BILLING: [TIME-BASED / MEDICAL DECISION MAKING / MEDICATION MANAGEMENT / TEST INTERPRETATION / PREVENTIVE COUNSELING / CARE COORDINATION]

ICD-10 DIAGNOSIS CODES: [PRIMARY OSTEOPOROSIS / BONE HEALTH DIAGNOSIS CODE + DESCRIPTION]

[SECONDARY FRACTURE / OSTEOPENIA / VITAMIN D / FALL RISK / MEDICATION MONITORING DIAGNOSIS CODE(S), IF APPLICABLE]

SO SIGNATURE

16 PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: OSTEOPOROSIS & BONE HEALTH / RHEUMATOLOGY / ENDOCRINOLOGY

DATE

TIME