

**All Interested in the Fall 2016 Yoga vs. Osteoporosis Study Should Fill-out the Form Below:****Information Sheet**

In order to participate in the Yoga vs. Osteoporosis study headed by Dr. Loren Fishman, you need to purchase the DVD here or watch it for free daily at <https://www.youtube.com/watch?v=o8SjystaH-E.T>

The form below must be completed. Information can be obtained when your physician next draws blood and takes urine. If you need a separate prescription to direct an independent lab such as Quest or Athena to conduct the proper tests, please email or fax us. Otherwise, just give this paper to your physician, and fax or email the results to:

Ms. Tina Paul  
Attn: Yoga Vs. Osteoporosis  
Email: [ms.tinapaul@gmail.com](mailto:ms.tinapaul@gmail.com)  
Fax: [\(212\) 472-4127](tel:(212)472-4127).

**Necessary Lab Tests (done within 6 months of study entry)**

TSH (Thyroid stimulating hormone)  
PTH (Parathyroid hormone)  
ESR (Erythrocyte sedimentation rate)  
SMA – 18 (standard electrolyte, liver and kidney function tests)  
Vitamin D 25 – OH  
Vitamin D 1,25 – Dihydroxy  
Urine NTX (a measure of reabsorbed collagen cross-linkages)

Each applicant must also supply a current DEXA scan done within 6 months of application, and a *second* DEXA performed at least one year in the past.

When we have received the entry information form, the laboratory reports, your bone mineral density test or DEXA scan, and recent hip and lumbar spine X-rays, you will be inducted into the study and we will mail you a DVD.

Please allow one week for processing.  
If there are questions, please email [Loren@sciatica.org](mailto:Loren@sciatica.org)

**Yoga vs. Osteoporosis Entry Information**

Date \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

F M Weigh \_\_\_\_\_ Height \_\_\_\_\_ Greatest Height \_\_\_\_\_

Hysterectomy? Yes No

First monthly period \_\_\_\_/\_\_\_\_ Last monthly period \_\_\_\_/\_\_\_\_

Orchiectomy? Yes No

Do you take Calcium? Y N \*Daily Dose \_\_\_\_\_ Brand/Type \_\_\_\_\_

Date started \_\_\_\_\_

Do you take Vitamin D? Y N \* Daily Dose \_\_\_\_\_ Brand/Type \_\_\_\_\_

Date started \_\_\_\_\_

Do you take Magnesium? Y N \* Daily Dose \_\_\_\_\_ Brand/Type \_\_\_\_\_

Date started \_\_\_\_\_

Other medicine for osteoporosis? Y N \* Daily Dose \_\_\_\_\_

Brand/Type \_\_\_\_\_ Date started \_\_\_\_\_

Previous medicines for osteoporosis? Y N \* Daily Dose \_\_\_\_\_

Brand/Type \_\_\_\_\_ Date started \_\_\_\_\_

Names, Dosage of all other medicines/supplements/vitamins: \_\_\_\_\_

Exposed to Sterioids? Y N Dosage and Dates \_\_\_\_\_

Birth Control? Y N Daily Dose \_\_\_\_\_ Brand/Type \_\_\_\_\_

Dates taken \_\_\_\_\_

Hormone Therapy? Y N Daily Dose \_\_\_\_\_ Brand/Type \_\_\_\_\_

Dates taken \_\_\_\_\_

Unusual Nutrition? (e.g., vegan for 20 years) \_\_\_\_\_

History of Bone Fractures? \_\_\_\_\_

Yoga Practice?

a. Years of Yoga \_\_\_\_\_

**b. Type of yoga** (e.g., Vinyasa, Iyengar) \_\_\_\_\_

**c. How often and how long?** (e.g., 1 x per week, 30 min/day) \_\_\_\_\_

**d. How consistent?** (e.g., never miss, miss every few weeks, skip weeks at a time, etc) \_\_\_\_\_

**Other Exercise? What Type?** (eg, Swimming) \_\_\_\_\_

**a. How often?** (eg, 1 x per week) \_\_\_\_\_

**b. How long per session?** \_\_\_\_\_

**c. How consistent?** \_\_\_\_\_

**Last DEXA scan** \_\_\_\_\_

**Last Hip/Lumbar X-rays** \_\_\_\_\_

**Family History (Please mention any family History Osteoporosis):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Conditions, including hip and spine surgeries:**

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**Comments:**

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Please scan the results into an email and send them to Tina Paul, MS at [ms.tinapaul@gmail.com](mailto:ms.tinapaul@gmail.com).

If the results of any of the blood or urine studies is abnormal, we will direct you to the proper type of physician to help bring your values in line. Once that has occurred, you will be admitted to the study.