ChiLDReNLink

Form 25G Bone Fracture		
B: BONE FRACTURE		
B1a	Visit Date:	___ ___ / ___ ___ / ___ ___ ___ ___
B1a	Date of presentation/onset:	___ ___ / ___ ___ / ___ ___ ___ ___
B2	Ongoing?	O No O Yes → **go to B4**
B3	If No, indicate date of resolution:	___ ___ / ___ ___ / ___ ___ ___ ___
B4	Was patient hospitalized?	O No → **go to B8** O Yes
B5	If Yes, date of admission:	___ ___ / ___ ___ / ___ ___ ___ ___
B6	Was patient discharged?	O No → **go to B8** O Yes
B7	If Yes, date of discharge:	___ ___ / ___ ___ / ___ ___ ___ ___
B8	Date of fracture:	___ ___ / ___ ___ / ___ ___ ___ ___
B9	Number of fracture sites:	O One → **go to B19** O Two → **skip B14 – B17** O Three → **skip B16 – B17** O Four
B10	Site One, bone:	_____
B11	Site One, side:	O Right O Left O Both
B12	Site Two, bone:	_____
B13	Site Two, side:	O Right O Left O Both
B14	Site Three, bone:	_____
B15	Site Three, side:	O Right O Left O Both
B16	Site Four, bone:	_____
B17	Site Four, side:	O Right O Left O Both
B18	Interventions taken (check all that apply):	□ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Surgical, specify: _____ □ Other (specify): _____
B19	Confirmed by medical record?	O No O Yes