

INDICATION FOR REFERRAL

Please tick below as appropriate

PRIMARY PREVENTION:

- Untreated early menopause (age <45 years)
- Low BMI (<19kg/m², anorexia)
- Untreated hypogonadism in men
- Aromatase inhibitor treatment
- Vitamin D deficiency/osteomalacia
- Primary Hyperparathyroidism / Cushing's Syndrome
- Thyrotoxicosis
- Growth hormone treatment
- High alcohol intake
- Liver disease (e.g. Primary Biliary Cirrhosis)
- Malabsorption
- Oral steroid treatment (daily for >3 months)
- Inflammatory arthropathies
- Kidney dialysis
- Transplant assessment
- Prolonged Immobility (>6 months bed ridden)
- Family History (first degree relative with osteoporosis)

SECONDARY PREVENTION:

- Follow up scan (usually no sooner than 2-5 years)
- Height Loss/Kyphosis (>3 cm)
- Vertebral fracture
- Low trauma fracture (e.g. fall from standing position, excluding fingers and toes)
- Radiological evidence of osteopenia
- ❖ Please provide any additional information that you feel would be useful to us i.e. any learning or physical difficulties, other medical conditions

● **TO ENABLE US TO PERFORM THE SCAN YOUR PATIENT MUST:**

- 1) BE ABLE TO WALK UNAIDED 2) LIE FLAT 3) WEIGH UNDER 20 STONE/125 KG

● **PLEASE INFORM US IF YOUR PATIENT HAS HAD A BARIUM MEAL/CT SCAN OR MRI SCAN WITHIN THE LAST 3 WEEKS**

● **NB THERE MUST BE SUFFICIENT INFORMATION PROVIDED FOR THE OSTEOPOROSIS UNIT TO BE ABLE TO JUSTIFY THE REQUEST UNDER THE IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2000**

ADULT BONE DENSITOMETRY REQUEST FORM

To make an appointment please **SEND** this **COMPLETED** card to:

**OSTEOPOROSIS UNIT
ST GEORGE'S HOSPITAL
CLINIC C, LANESBOROUGH WING
LONDON
SW17 0QT**

**TEL: 020 8725 2657
FAX: 020 8725 5238**

Surname:

Hospital No.:

First Name:

D.O.B:

Sex:

Patient Address:

Transport Required? YES/NO

Private Patient? YES/NO

Patient Pregnant? YES/NO

Tel No.:

**REFERRING CLINICIAN:
(please print)**

GP Address:

Ward/Clinic/Surgery:

Date:

SIGNATURE:

Tel No.:

PLEASE ENSURE THAT BOTH SIDES ARE COMPLETED FULLY