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| **ADULT BONE DENSITOMETRY REQUEST FORM** | | |
| To make an appointment please **SEND** this **COMPLETED** card to:      **TEL: 020 8725 2657**  **EMAIL:** sgh.dexascans@stgeorges.nhs.uk | Surname:        First Name: | Hospital No.:  D.O.B:  Sex: |
| Patient Address:            Tel No.: |  |
| Transport Required? YES/NO    Private Patient? YES/NO    Patient Pregnant? YES/NO |
| **REFERRING CLINICIAN:**  **(please print)**      Ward/Clinic/Surgery:        Date: **SIGNATURE:** | GP Address:                  Tel No.: |  |
| **\*PLEASE ENSURE THAT BOTH PARTS ARE COMPLETED FULLY\*** | | |

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| 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 * Prostate cancer with anti-androgen therapy * 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** | |