|  |
| --- |
| **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\***   |

|  |
| --- |
| 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**   |