

RNHRD BONE DENSITOMETRY DIRECT REFERRAL - DEXA SCAN

Clinical Measurement Department, Royal National Hospital for Rheumatic Diseases

NHS Foundation Trust, Bath BA1 1RL.

Direct line telephone: 01225 473414

Patient Name:		Referring Doctor:	
NHS No.:			
Address:		Address:	
Postcode:	Tel.:	Telephone:	
Date of birth:	Sex:	Signature:	Date:

Referral Guidelines

1. Patients under 40 years or not fitting criteria below, please instead refer to Dr A K Bhalla, Osteoporosis clinic
2. Patients older than 40 years, BMD recommended by FRAX <input type="checkbox"/>
3. Patients aged 40-60 years with one of the following risk factors: <input type="checkbox"/> Long term oral corticosteroids (more than 3 months) <input type="checkbox"/> Chronic respiratory disease <input type="checkbox"/> Thyrotoxicosis <input type="checkbox"/> Vertebral fracture on x-ray Please send copy of report <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Hyperparathyroidism <input type="checkbox"/> Osteopenic x-ray Please send copy of report <input type="checkbox"/> Malabsorption disorder (i.e. coeliac, colitis, liver disease) <input type="checkbox"/> Immobility/paraplegia Specify cause: _____ and duration: _____ <input type="checkbox"/> Aromatase inhibitor <input type="checkbox"/> Androgen deprivation therapy <input type="checkbox"/> Male hypogonadism
4. Patients older than 50 years with a low trauma fracture (excluding fractures of tarsals, metatarsals, carpals or metacarpals): Specify site: _____ and date of fracture: _____
5. Patients older than 60 years must have a risk factor from either the list above or the list below: <input type="checkbox"/> Parental hip fracture <input type="checkbox"/> Recent onset thoracic kyphosis <input type="checkbox"/> Recurrent falls (4+ during the last year) <input type="checkbox"/> Premature menopause (natural/surgical onset < age 45) <input type="checkbox"/> Low BMI (<19)

Please identify any current osteoporosis drug treatment		
<input type="checkbox"/> Alendronate	<input type="checkbox"/> HRT	<input type="checkbox"/> Strontium ranelate
<input type="checkbox"/> Alendronic acid	<input type="checkbox"/> Ibandronate	<input type="checkbox"/> Testosterone
<input type="checkbox"/> Calcium	<input type="checkbox"/> Raloxifene	<input type="checkbox"/> Vitamin D
<input type="checkbox"/> Etidronate	<input type="checkbox"/> Risedronate	

Additional information / other drug treatments		
<input type="checkbox"/> walking	<input type="checkbox"/> chair	<input type="checkbox"/> stretcher