RNHRD BONE DENSITOMETRY REFERRAL

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REFERRALS SHOULD BE MADE USING THE ICE SYSTEM. PAPER REFERRALS WILL NOW ONLY BE ACCEPTED FROM GP PRACTICES WITHOUT ACCESS TO ICE.

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

Referral Guidelines

1. Under 18 years, or not fitting criteria below, please instead refer to the RNHRD Osteoporosis clinic

2. Aged 18 - 40 years with coeliac disease

□ Coeliac disease and two or more of: low BMI(<20) / weight loss(<10%) / poor adherence to diet

3. Aged over 40 years with one of the following risk factors:

□ BMD recommended by FRAX

□ Vertebral fracture on x-ray
Please send copy of report

□ Osteopenic x-ray
Please send copy of report

□ Chronic respiratory disease

□ Long term oral corticosteroids
(more than 3 months)

□ Malabsorption disorder
(e.g. coeliac, colitis, liver disease)

□ Immobility/paraplegia
Specify cause: _____
and duration: _____

□ Rheumatoid arthritis

□ Aromatase inhibitor

□ Androgen deprivation therapy

□ Hyperparathyroidism

□ Thyrotoxicosis

□ Male hypogonadism

4. Aged over 50 years with a low trauma fracture:

(excluding fractures of excluding phalanges, metacarpals, and metatarsals):

Specify site: _____ and date of fracture: _____

5. Aged over 60 years with any risk factor listed above or below:

□ Parental hip fracture
□ Premature menopause
(natural/surgical onset < age 45)

□ Recent onset thoracic kyphosis
□ Low BMI (<19)

□ Recurrent falls
(4+ during the last year)

Please identify any current osteoporosis drug treatment

□ Alendronate
□ Alendronic acid
□ Calcium
□ Denosumab
□ Etidronate
□ HRT
□ Ibandronate
□ Raloxifene
□ Risedronate
□ Strontium ranelate
□ Testosterone
□ Vitamin D

Additional information / other drug treatments

Special requirements:	□ hoist/stretcher	□ weight >150kg	□ deaf	□ blind	□ other……