PATIENT DETAILS

Name .....................................................................

Address .................................................................

...............................................................................

Post Code .................... Tel No. ............................

D.O.B. ................ CHI No. .....................................

Pregnant Yes No

DIRECT ACCESS DXA SERVICE (DADS) BONE DENSITOMETRY REFERRAL FORM

Send to Bone Densitometry Department………………………………………………………………. Hospital (enter appropriate hospital)

**PATIENT DETAILS GP DETAILS (or stamp)**

Name .........................................................................

Address .....................................................................

...................................................................................

Post Code...............................

Tel No. .................................. Fax No. ..............

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| **INDICATE REASON FOR REFERRAL** |
| Men and women over 50 ( at time of fracture) with a fracture at any site(not attributable to RTA or a skull fracture nor a fall from above head height)Site of fracture .............................................. Date of fracture....................................... |
| Steroids >7.5mg of prednisolone or equivalent per day for more than 3 monthsIndication for steroids......................................................... |
| Monitoring as recommend by DADS or Bone Mineral Metabolism Clinicor Fracture Liaison Nurse Service (unless you feel this is inappropriate) This is usually 5 years from previous scan, but 3 years following initiation of Denosumab injection |
| \*10 year risk of fracture >10% assessed by qfracture (preferred) or FRAX  \***Fracture risk assessment should be considered in patients with one or more of the following risk factors or relevant co-existing disease/drug therapy (see SIGN 142)*****Non- modifiable risk factors:*** *men and women over age 50 with parental history of osteoporosis, women over 50 with* menopause aged less than 45 years***Modifiable risk factors:*** BMI <20kg/m2, smoking, alcohol intake >3 units/day***Coexisting diseases:*** Diabetes mellitus, inflammatory rheumatic disease, inflammatory bowel disease, malabsorption, institutionalised patients with epilepsy, endocrine disease (including primary hyperparathyroidism), chronic liver disease, neurological disease (including Alzheimer’s, Parkinson’s, Multiple sclerosis and stroke), moderate to severe chronic kidney disease, asthma.***Drug Therapy:*** Long term anti-depressants, anti-epileptics, aromatase inhibitors, long term (>5 years) depot progesterone therapy, GnRH agonists (in men with prostate cancer), proton pump inhibitor, oral glucocorticoids, thiazolidinediones, anti-retroviral therapy.**Fracture Risk score (0-100%)** where applicable please attach copy of report |
| Patient needs staff assistance: *Include any relevant patient disability or special instructions i.e. blind/visual impairment, learning/physical disability, requires bariatric equipment( include Ht & Wt), mental health problem, Interpreter- specify*  **Ned****Other current health problems:****Current medication:** |

Referrer (Signature)...............................................Print Name...........................................................

Designation............................................................Date of referral................................................

Address if not GP ..............................................................................................................................

IR(ME)R Statement: DXA scans use ionising radiations (x-rays) and the IR(ME)R regulations apply. Referrals must be made by health care professionals entitled by NHSGGC to perform this role