Pregnant? Y / N	NHS Private Research	Required by (Named) GP, Ward, Dept, Hospital	PATIENT No.
Transport needed? Y / N	WALK CHAIR		SURNAME FIRST NAMES ADDRESS D.O.B. TEL No.

MR MRS MISS

(Patients aged < 20 yr cannot be scanned)

APPOINTMENT

REASONS FOR REFERRAL (tick ALL that apply):

1. Result of DXA scan will influence my decision to:

- ☐ start treatment
- ☐ stop treatment
- ☐ continue treatment

Current treatment:	Proposed treatment:

2. The patient is in the following group(s):

Sex hormone deficiency:
- ☐ early menopause, age ≤ 45, natural or surgical
- ☐ prolonged amenorrhoea, ≥ 1 year, age ≤ 45
- ☐ testosterone deficiency

Glucocorticoid therapy: e.g. Oral glucocorticoids for > 3 months
- ☐ long term or high dose or ≥ 1mg/day inhaled beclometasone dipropionate or equivalent

Family history:
- ☐ strong family history of osteoporosis

Slender build:
- ☐ body mass index < 19 kg/m^2

Confirmation of diagnosis:
- ☐ vertebral deformity or height loss ≥ 3cm
- ☐ low trauma fracture
- ☐ osteoporosis on X-Ray or ultrasound

Secondary osteoporosis: e.g. anorexia nervosa, alcohol abuse, thyrotoxicosis, myeloma, hyperparathyroidism, malabsorption syndrome, post-gastrectomy, rheumatoid arthritis, prolonged immobility (> 6 months).
- ☐ please specify _____

Previous DXA scan:
- ☐ previous scan, date _____

MINIMUM interval for repeat scan: 24 months
(12 months for steroid-induced osteoporosis)

3. Menopausal status:

- ☐ pre-menopausal
- ☐ peri-menopausal
- ☐ post-menopausal
- ☐ male

Doctor's Name: **Signature:** **Date:**

Date received	Appt issued by	Entered on PAS by	Patient alerts	Date of previous DXA	Transport booked by
Authorised by	Barrier nurse? Y / N	Patient ID checked? Y / N	Pregnancy enquiry? Y / N / n/a	Height (cm)	Weight (kg)
Scan & Analysis by	Comments	Post-investigated? Y / N	Date results sent	Results sent to	Results sent by