

SHFT DEXA Scan Request Form

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NHS

Private



Southern Health
NHS Foundation Trust

Name Given Name Surname **Title:** Title **NHS Number:** NHS Number

Appt date:
Time:

Address

Home Full Address (stacked)
Patient Home Telephone
Patient Mobile Telephone

DOB: Date of Birth

Walking
Transport
Hoist
Trolley

Consultant / GP

Current User

Surgery

Organisation Name

PREGNANCY STATUS

Possibility of pregnancy? Y / N

Comment: **LMP:**

FOR RADIOLOGY USE ONLY:

JUSTIFIED Yes / No :-

INCOMPLETE / ILLEGIBLE FORMS WILL BE RETURNED

IRMER Practitioner:
.....

Consultant / SPR / Radiographer / Asst Practitioner

1. Patients under 40 years or not fitting criteria below, please or discuss with a Radiologist

2. Patients older than 40 years, BMD recommended by FRAX

3. Patients aged 40-60 years with one of the following risk factors:

Long term oral corticosteroids (more than 3 months) Chronic respiratory disease Thyrotoxicosis

Vertebral fracture on x-ray Rheumatoid arthritis Hyperparathyroidism
Please send copy of report

Osteopenic x-ray Malabsorption disorder (i.e. coeliac, colitis, liver disease) Aromatase inhibitor
Please send copy of report

Androgen deprivation therapy Immobility/paraplegia Male hypogonadism
Specify cause:
and duration:

OPERATOR CHECKS:

ID code :

PREGNANT:
Y / N / N/A

Comments:

Initials:

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:

Parental hip fracture Recent onset thoracic kyphosis Premature menopause
 Recurrent falls (4+ during the last year) Low BMI (<19) (natural/surgical onset < age 45)

6. Please identify current osteoporosis drug treatment: -

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

7. Prior DXA scan ? Yes / NO **If yes, where was this and when :**
If previous scans have been done at UHS, please refer to UHS.

Signature: Authorised Referrer IR(ME)R 2000

Name (Printed):
Current User

Job title:

Bleep /contact number: **DATE:** Long date letter merged