

Bone Densitometry (DXA) Request Form**METABOLIC UNIT**

RNOH NHS Trust
Brockley Hill
Stanmore, Middlesex
HA7 4LP

TEL: 020 8909 5476**FAX: 020 8909 5721****Patient Details**

NHS number:

First Name:

Surname:

Address:

Tel No Home:

Tel No Mobile:

Height: Weight: (MAX 120 kg)

DOB: _____ Sex: M / F

IF APPLICABLE provide LMP:

Referring Doctors Details (PRINTED/STAMPED)

Name:

Practice Name:

Address:

Tel No:

Practice Code:

Doctors signature:

Date of referral:.....

CLINICAL INFORMATION

(Please tick if the following apply)

- Previous fragility fracture :
 Spine Hip Wrist Other
 Parental hip fracture
 Current smoker
 Use of Gluco-corticoids >3 mths
 Rheumatoid Arthritis
 Secondary Osteoporosis
 Alcohol 3 or more units a day
 Low BMI < 19 kg/m²
 Cancer treatment :

Baseline FRAX Score:www.shef.ac.uk/FRAX

Any additional clinical information(please include details of any current medication treatment :