



RAPID ACCESS ASSESSMENT OF SEVERE OSTEOPOROSIS

Patient Details

Name: _____

Address: _____

Phone: _____

Gender: _____

GP Details

Name: _____

Address: _____

Phone: _____

Date of referral: _____

Essential documentation which must accompany referral in order to avail of this service:

A Recent spinal x-ray report showing vertebral fracture(s) Please Tick

Or

B Lateral morphometry on DEXA showing vertebral fracture(s) Please Tick

Reason for referral:

Osteoporotic vertebral fracture(s) and ... _____

Additional information:

A Risk factors for osteoporosis: *(Please Tick)*

- Family history of osteoporosis
- Slim build
- Late menarche (first menstrual period >15 years)
- Prolonged amenorrhea
- Premature or surgical menopause
- Hypogonadism
- Smoking
- Alcoholism
- Glucocorticoid treatment
- Malabsorption
- Thyroid Disease
- Other: _____

B Current medication:

C Investigation results:

D Social history:

DEXA scan result (if available, please attach)

Please add any additional information on the reverse

