



# 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

