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| --- | --- |
| Direct Access DEXA Scan Request FormEmail completed, signed forms to **sft.dexascanning@nhs.net**Admin Office – 01722 336262 Ext 4066 |  |
| **The following patients should not be referred**1. Men and women over 60 years with ≥ 2 vertebral fractures or a vertebral fracture with one other fragility fracture. Exclude tumour/myeloma then treat for osteoporosis without DEXA
2. Patients >75 with clinical fragility fracture(s) or radiographic osteopenia - treat for osteoporosis without DEXA
3. Patients >65 on long term steroids – prophylactic treatment without DEXA
4. Patients >75 with height loss only. For lateral thoracic spine x-ray. If osteopenia or vertebral collapse seen treat for osteoporosis
 |
| **Patient Details:** |
| Hospital no. |       | NHS no. |       |
| Surname |       | Forenames |            |
| Previous surname |       | Title |       | Sex |       |
| Date of birth |       |  |  |
| AddressPost Code | g | Home tel. no. |       |
| Mobile no. |       |
| Email Address |       |
| Serving Military Personnel [ ]  | Military Veteran [ ]  | Member of Military Family [ ]  |
| **Communication & Accessibility needs:** |
| Interpreter Required | Yes [ ]  | No [ ]  | Language |       | Hearing |       |
| Learning Disability | Yes [ ]  | No [ ]  | Other disability requiring consideration |       | Vision |       |
| Wheelchair User | Yes [ ]  | No [ ]  | If patient uses a wheelchair, can they transfer without assistance **\*** | Yes [ ]  | No [ ]  **\*** |

**Referrer Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Referring clinician |       | Date of referral |       |
| GP Practice/ Department |       | New referral?  | [ ]  | Re-referral? | [ ]  |
| **Requested Region to Scan – (**If a Region is not indicated, a routine DEXA scan of Spine and/or Femurs will be performed.): |
| Patients with Hyperparathyroidism will require Spine, Femurs and Dominant Forearm scans**\***Due to the size of the scanner room, there is no hoisting facility. Patientsunable to transfer to the scanner bed will be offered Forearm scans, refer to another Provider if you specifically require Spine/Femurs scanned. | Routine DEXA [ ]  | Forearm Indicate Non-dominant arm or Both  |
| Spine [ ]  | Femur(s) [ ]  | Left [ ]  | Right [ ]  | Both [ ]  |
| **Indications for scan:** | **✓** Indicate all that apply |
| Premature menopause or hysterectomy < 45 years of age | [ ]  |
| Prolonged amenorrhoea > 6 months | [ ]  |
| Low trauma fracture (after age 50 years (female) or 60 years (male)) | [ ]  |
| Radiographic evidence of osteopenia or vertebral height loss (< 75 years) | [ ]  |
| Low Body Mass Index (<19 kg/m2) | [ ]  |
| First degree relative with osteoporosis (T score < -2.5) or history of hip fracture under 70 years old. | [ ]  |
| Previous abnormal DEXA scan (repeat measurements should only be performed if they influence treatment i.e. if a fracture occurs despite appropriate treatment) | [ ]  |
| Additional information (e.g. date and findings of previous scan/other reason for scan, requesting scan for a future date), Please specify:      |
| **Disease associated with osteoporosis** | **✓** |  | **Medication associated with osteoporosis** | **✓** |
| Inflammatory arthritis or connective tissue disease | **[ ]**  |  | Corticosteroid therapy ≥ 3 months | **[ ]**  |
| Malabsorption state e.g. coeliac, crohns, major gastric surgery | **[ ]**  |  | Prolonged high dose Proton pump inhibitor therapy in patients over 50 (> 4 years) | **[ ]**  |
| Chronic liver or renal disease (see guideline) | **[ ]**  |  | Prolonged heparin therapy | **[ ]**  |
| Endocrine disease e.g. thyrotoxicosis (even if when young) | **[ ]**  |  | Androgen deprivation therapy in men (i.e. Zoladex). DXA to be performed at onset of treatment. If osteoporosis diagnosed treat with Calcium and Vitamin D and a Bisphosphonate. Osteopenia - treat with Calcium and Vitamin D - Yearly scan. Normal BMD, 2 year follow up scan | **[ ]**  |
| Hyperparathyroidism  **See Requested Region to Scan -** (Spine, Femurs & Non-dominant Forearm scans – please indicate) | **[ ]**  |
| Immobilizing neurological disease **(please complete Accessibility Needs above)** | **[ ]**  |  | Aromatase inhibitorsScan required MM/YY | Pre | 1 yr | 2 yrs | 5yrs |
| Respiratory disease (e.g. COPD/emphysema) | **[ ]**  |  |       |       |       |       |
| Anorexia nervosa | **[ ]**  |  | Prolonged antiepileptic therapy – all drugs | **[ ]**  |
| Male hypogonadism | **[ ]**  |  | Modified W.H.O. Osteopenia & Osteoporosis ClassificationT-score > -1.0 = normalT-score < -1.0 > -2.5 = osteopeniaT-score < -2.5 = osteoporosisT-score < -2.5 plus fractures = severe osteoporosis |
| Electronic) Signature (mandatory requirement):      |