

GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST
Department of Diagnostic Radiology
Bone Densitometry Request

Please see indications overleaf

OFFICE USE

Please tick following as applicable

CG

- Previous fracture: Hip
Wrist
Vertebra
Oral Corticosteroids Inhaled
Smoker Excess alcohol
Family history osteoporosis
Suspected low calcium intake
Relative immobility
Previous Oophrectomy Date
Early menopause (<46)
Prolonged amenorrhoea (any cause)

Availability for appointment

Appointment Sent/ phoned

Unit No: Dob:
Surname: Forename: Sex:
Address:
Post code:
Tel: Home L.M.P.
Daytime
Surname: (Patients) Please complete if using addressograph

Further relevant clinical information e.g.

Hip Replacement/Spinal Fusion/Other Medical Condition

NHS Private Other
GP Code Consultant Ward/Dept
Is transport required? Yes / No
Walking chair
Previous X-rays/scans Recent change of name/address?
GWH0108 05/03

Signature: Date:
Bleep no:

Transport ordered?

Rad. No.

Entered by

Radiographer

CRITERIA FOR BONE DENSITOMETRY

1. Oestrogen deficiency
 - a) primary - early menopause, natural or surgical
 - b) secondary - anorexia nervosa, anti-oestrogen therapy
2. Patients on long-term corticosteroids defined as over 5mg daily for over six months
3. Family history of osteoporosis
4. Patients suspected to be osteoporotic from plain x-ray findings especially with history of back pain or fractures with minimal trauma
5. Patients with predisposing medical conditions, e.g. thyroid disease, liver disease, alcohol abuse, malabsorption, hypogonadism
6. To monitor treatment in osteoporotic patients or to assist in decisions on HRT at the menopause