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| **InHealth Logo (Smaller).jpg** | **C:\Documents and Settings\Christina.Fromont\Local Settings\Temporary Internet Files\Content.Outlook\GQ7NC0YS\NHS Southampton City Logo.jpg** |

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**DXA REFERRAL FORM**

**Please note – we are unable to accept referrals for patients under 18 years of age**

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| **PATIENT** | **REFERRER** |
| NHS Number |       | Name |       |
| Forename |       | GMC/HPC/NMC No |       |
| Surname |       | Address |       |
| Address |       |  |  |
| Date of Birth |       | Referring CCG Code |       |
| Telephone (Home) |       | Referring Practice Code |       |
| Telephone (Work) |       | Telephone No. (**for urgent clinical findings)** |       |
| Telephone (Mobile) |       | Fax No. |       |
| E-mail Address |       | NHS.net mail only |       |
| Gender | Male  Female  | Eligible for and does require NHS funded transport? **(car transport only)** Yes  |
| Physical/Communication difficulties (specify if any): | Wheelchair user? Yes  |
| If interpreter required, language:       | The patient must be ambulant, or if a wheelchair user they must be able to transfer independently onto the examination couch. |
| Ethnicity      |  |
| **Clinical Indication/ Problem** Please indicate which of these risk factors apply to the patient: |
| Recent fracture of wrist, humerus or spine |  | Long term use of steroids or thyroxine |  |
| Parental hip fracture |  | Low body mass (less than 19 bmi) |  |
| Radiological osteopenia |  | Coeliac disease |  |
| Inactive Lifestyle |  | Chronic liver disease |  |
| Smoking |  | Type 1 diabetes |  |
| High alcohol intake |  | Rheumatoid arthritis |  |
| Early menopause (<45 years) |  | Hypoparathyroid / hyperthyroid disease |  |
| Other (please specify):       |
| **Has the patient previously had a DXA scan? Yes  No** **If yes, what date was the scan?**  |
| **Notes:*** A DXA scan should only be repeated every 18 months – 2 years
* This scan is of limited value in a patient whose weight is over 150kg
 |
| Referrer’s Signature       Date of referral       |
| **Please attach to the NHS e--referral system** **InHealth Referral Centre****Tel: 0333 202 0297** | **www.inhealthgroup.com****Version: September 2018** |