

Bone Mineral Density Referral Form

Please complete all sections and fax to 519-357-3688

1. Patient Information: Please use patient label or complete:	
Last Name: _____ Health Card No: _____ VC: _____	
First Name: _____ Address: _____	
Date of Birth: _____ / _____ / _____ City: _____ Postal Code: _____ <small style="margin-left: 40px;">Day Month Year</small>	
Contact #: _____	
Interpreter required <input type="checkbox"/> No <input type="checkbox"/> Yes, Language _____ Mobility: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Mechanical lift	
2. Referring Physician Information:	
Ref. Physician Name: _____ Tel.: _____	
Address: _____ Fax NO: _____	
City: _____ Billing No: _____ Family Physician: _____	
3. Prior BMD: *Please attach reports done outside of Wingham*	
Prior BMD: <input type="checkbox"/> None <input type="checkbox"/> Wingham site <input type="checkbox"/> other Facility & Date: _____	
4. Rx Information:	
Osteoporosis Therapy Rx: _____ Initiation Date: _____	
Patient on steroid treatment-Rx: _____ Dose and Duration: _____	
5. Exam ordered:	
<input type="checkbox"/> BMD- Baseline exam (first BMD in Ontario) <input type="checkbox"/> BMD- Low risk for osteoporosis (low or moderate risk follow up BMD must >5 years after baseline or last exam) <input type="checkbox"/> BMD –High risk for osteoporosis (high risk follow up BMD must be >3 years after baseline or last exam) <input type="checkbox"/> Additional BMD- (Cushings syndrome or patients on >20mg steroids per day, must be >1 year after baseline or last exam) <input type="checkbox"/> Other:	
6. Reason for Referral * Required History or Fragility Fractures: _____ _____ _____ <i>If patient has had previous fragility fractures, please list age at time of fracture</i>	Wingham DI use only: Protocol: _____ _____ Exam Date: _____
Physician Signature: _____	DATE: _____ <small style="margin-left: 40px;">Day Month Year</small>

Preparation: Please refer patients at least 5 days after any nuclear medicine or xray contrast exam. Please no calcium supplements day of and do not wear any metal in clothing, if possible.