Spire
St Anthony's Hospital

Bone Densitometry Imaging Request Form

N.B. This form is a legal document
Please ensure at least three unique patient identifiers have been provided.

Patient details

Patient name: .....

Date of birth: .....

Patient Hospital No: .....

Referrer name (printed): .....

Patient address:

Practice Name/Hospital Name/Ward:

☐ Sutton ☐ Merton ☐ St Helier Hospital

Referrals coming from St Helier Hospital must also specify a GP surgery from Sutton or Merton: .....

Specific Radiologist Request: .....

Telephone/Mobile Number: .....

Referrer's Signature: .....

Date: .....

Reasons for request (to be completed by clinician). At least one risk factor must be indicated:

Date of LMP (if appropriate): .....

Hysterectomy Yes ☐ No ☐

Ovaries conserved Yes ☐ No ☐

Date of menopause (if before 45):

HRT: Yes ☐ No ☐

From ..... To .....

Any other drug treatments for osteoporosis (please detail if yes) Yes ☐ No ☐

Details

.....

Hyperthyroidism: Yes ☐ No ☐

Hyperparathyroidism: Yes ☐ No ☐

Thyroid therapy: Yes ☐ No ☐

No. of years: .....

Steroid therapy: Yes ☐ No ☐

No. of years: .....

Administration of Gonadotrophin

Yes ☐ No ☐

General comments:

.....

Anti-convulsant therapy: Yes ☐ No ☐

History of Anorexia nervosa: Yes ☐ No ☐

History of Gastric syn./Surgery: Yes ☐ No ☐

Details:

.....

History of Diabetes (type 1): Yes ☐ No ☐

Loss of height (more than 2"): Yes ☐ No ☐

History of fracture (low impact): Yes ☐ No ☐

Details:

.....

Risk of falls: Yes ☐ No ☐

Family history of osteoporosis: Yes ☐ No ☐

Dietary calcium intake: high ☐ average ☐ low ☐

Type of exercise: .....

Frequency of exercise: .....

Smoking per day: .....

Alcohol units per week: .....

Referrer's Declaration

N.B. This form is a legal document.

- The correct patient details/identifiers have been provided.
- I have given sufficient clinical information for the request to be justified according to the Ionising Radiation (Medical Exposure) Regulations (2000).

Examinations CANNOT be performed without sufficient relevant clinical information and a valid referrer's signature, in line with the Ionising Radiation (Medical Exposure) Regulations (2000).

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Imaging department use only:

Radiographer protocol:

.....

Radiographer Signature:

.....

Pregnancy status:

I confirm to the best of my knowledge that I am not pregnant:

Patient Signature:.....

Date: .....

Appointment Details

Entered on SAP [ ]

Date: .....

Time: .....

Forms can be sent by fax on 020 8335 4547 or by email to: staimaging@spirehealthcare.com or by post to the below address:

Spire St Anthony's Hospital, 801 London Road, Cheam, Sutton SM3 9DW

Imaging department: 020 8335 4546