

Bone Density Self-Referral Request Form

Surname Forename

Date of birth

Address

Postcode

Mobile Email

Details of your GP

Address

Postcode

Clinical history – Please tick relevant details:

For women:

- | | | | |
|---|--------------------------|--|--------------------------|
| Assessment of osteoporosis risk in menopause? | <input type="checkbox"/> | Use of Depo-provera for more than five years? | <input type="checkbox"/> |
| Had a fracture after a minor bump or fall? | <input type="checkbox"/> | Monitoring – as recommended in previous assessment | <input type="checkbox"/> |
| Is there any family history of fractured hips or Dowager's humps? | <input type="checkbox"/> | For men: | |
| History of early menopause? | <input type="checkbox"/> | Low levels of testosterone? | <input type="checkbox"/> |
| Taken steroid tablets for three months or more? | <input type="checkbox"/> | Taken steroid tablets for three months or more? | <input type="checkbox"/> |
| Under 45 and had a hysterectomy or early menopause? | <input type="checkbox"/> | A medical condition that is associated with osteoporosis such as rheumatoid arthritis or Celiac Disease? | <input type="checkbox"/> |
| Underweight? | <input type="checkbox"/> | | |
| Significant height loss? | <input type="checkbox"/> | | |

PLEASE NOTE: IF YOU DON'T NOT FALL INTO ANY OF THE ABOVE CATEGORIES WE WILL BE UNABLE TO SCAN YOU AS WE WILL BE BREACHING RADIATION REGULATIONS

I confirm that the above information is correct and that I am not pregnant.

Signature Date

To book an appointment, please email this form to enquiries@hormonehealth.co.uk or call **0207 7034 1303** for more information.