WCHI
WOMEN'S COLLEGE HOSPITAL
Healthcare | REVOLUTIONIZED
76 Grenville Street
Toronto, Ontario
M5S 1B2

Tel: 416-323-2663 Fax: 416-323-6484

BONE DENSITOMETRY REQUISITION

PATIENT INFORMATION
(Affix Patient Label/Identification Here)

MRN:_____ HCN:_____

Name:_____

Sex:_____ Date of Birth:_____/_____/_____
DD / MM / YYYY

Address:_____

Telephone:_____ Alternate #:_____

REFERRING HEALTH CARE PROVIDER TO COMPLETE:

1. Has this patient ever had a Bone Mineral Density (BMD) test in Ontario?

   ☐ No ► This patient has <u>never</u> had a BMD test in Ontario

   ☐ Yes ► When? _____ Where? ☐ WCH ☐ Other ► specify:_____
   DD / MM / YYYY

2. If this is a repeat BMD test: Is this patient considered to be high risk and therefore eligible for a BMD prior to 3 or 5 years after baseline or the last test?

   a) ☐ Yes ► At risk for accelerated bone loss* <u>with</u> Low Bone Density or Osteoporosis

   OR

   b) ☐ Yes ► At risk for accelerated bone loss* <u>with</u> bone loss in excess of 1% per year on last BMD

   c) ☐ No ► OHIP will cover a second BMD after 3 years from a baseline test or successive BMD tests (3rd or more) after 5 years from the last test.

3. Has this patient sustained a low trauma fracture after age 40?

   ☐ No ☐ Yes ► ☐ Wrist ☐ Hip ☐ Spine ☐ Rib ☐ Other bones ► specify:_____

4. Is this patient currently taking oral steroids? ☐ No ☐ Yes

5. Clinical & Other Relevant History **(required if answered "No" to #2c, #3 and #4 above)**:

   _____

   _____

6. Has this patient had spinal and/or hip surgery? ☐ No ☐ Yes ► specify:_____

7. Is this patient still menstruating? ☐ Yes* ☐ No ► At what age did periods stop?_____

   **** WARNING: This test should not be performed if the patient is or might be pregnant***

REFERRING PROVIDER INFORMATION

Name:

Address:

Telephone:

Fax:

Billing #: _____

Signature: _____

SPECIAL NEEDS: Please inform us at the time of booking so we may accommodate the patient better

PATIENT INSTRUCTIONS:

1. Bring Ontario health card to all appointments
2. **MUST NOT TAKE ANY CALCIUM TABLETS ON THE DAY OF THEIR TEST.**
3. Preferably wear comfortable clothing with no zippers or large buttons/objects