

Name: _____ Surname: _____	
Address: _____	
ID Card No: _____	Age: _____ Primary/Secondary Care
Clinical indication: _____ Country of Origin _____	
Gender _____	Weight _____ kg Height _____ cm
BMI	
History of Previous Fracture ¹ _____	Site _____ Year _____
Family history of hip fracture _____	(If Yes, _____)
Tobacco smoking _____	(If Yes, number daily _____)
Alcohol 3 or more units daily _____	
History of glucocorticoid use ² _____	
Secondary Osteoporosis _____	
Confirmed Rheumatoid arthritis _____	
FRAX Score 10 year probability of major osteoporotic fracture	<input type="text"/>
10 year probability of hip fracture	<input type="text"/>
Current Treatment:	
Calcium & Vit D: _____	Other: _____
Antiresorptive treatment: _____	
Doctor Requesting Test <input type="text"/>	Medical Register No <input type="text"/>
Signature: <input type="text"/>	Date <input type="text"/>
Contact Telephone Details: H _____ M _____	
<i>All fields must be completed.</i>	
<i>No appointment will be given unless request form is filled in completely and legibly</i>	
New case / Follow-up	Norland <input type="checkbox"/> Hologic <input type="checkbox"/> Other <input type="checkbox"/>
Last done in:	To be repeated in: <input type="text"/>

1. A previous fracture denotes more accurately a previous fracture in adult life occurring spontaneously, or a fracture arising from trauma which, in a healthy individual, would not have resulted in a fracture.
2. Enter yes if the patient is exposed to oral glucocorticoids or has been exposed to oral glucocorticoids for more than 3 months at a dose of prednisolone of 5mg daily or more (or equivalent doses of other glucocorticoids)