COMMUNITY OSTEOPOROSIS REFERRAL

ALL FIELDS ARE MANDATORY.

Email to karen.brixey@nhs.net or wendy.chapman6@nhs.net

Patient Name **NHS No.** **Home Address** **Postcode** **Tel No.** **D.O.B.** **Sex M ☐ F ☐**	**Next of Kin, if known:** (Relationship) **Work Tel No.** **Home Tel No.** **Preferred Contact** (Carer/Neighbour etc.) **Work Tel No.** **Home Tel No.**
GP Surgery	
…….	
Referrer's Details : **Name:** **Designation:** **Date:**	**Tel No.** **Place of Work:** **Signature**

Site of fragility fracture and reason for referral including FRAX assessment score

Level of urgency (please tick 1 box)	**RED**		**AMBER**		**GREEN**
	Urgent 2hrs (APS only)	☐	Same Day	☐	1 week ☐
	Urgent 4hrs	☐	72 Hours	☐	Non Urgent ☐

If yes please specify

Allergies: Y ☐ N ☐

Has the patients SystmOne record been shared with community services? Y ☐ N ☐
If No, please include as a minimum past medical history & current medications below.

Does the patient consent to community services accessing their Summary Care Record? Y ☐ N ☐

Is the patient housebound? Y ☐ N ☐

Is there a key code? Y ☐ N ☐
If yes: Key Code:

Relevant Past Medical History(INCLUDING PREVIOUS FRACTURES /FALLS) Previous history of bisphosphonates if known

Social History: (Include any special considerations/issues to be aware of when visiting)

Copy of any other relevant information regarding investigations ☐

Copy of prescription chart attached if relevant ☐