

<b>Patient Information:</b>			
Patient Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address:		Birth Date (yyyy/mm/dd):	
City:	Province:	Postal Code:	Home Phone: (   )
Health Card Number:		Version Code:	Work Phone: (   )
<b>Appointment Date:</b>		<b>Time:</b>	

- Juravinski Hospital**      Phone: (905) 577-1484  
 **McMaster Hospital**      Fax: (905) 521-2358

**Date of Last Exam:**

<b>Exam Type:</b>
<input type="checkbox"/> Baseline (once per lifetime and patient over 65 years of age; or for younger patients, risk factor(s) must be checked below) <input type="checkbox"/> High Risk Follow-Up (1 year + a day since previous; must check at least one risk factor below) <input type="checkbox"/> Low Risk 2nd BMD – 36 months since previous <input type="checkbox"/> Low Risk Follow-Up 3rd BMD and Subsequent – 60 months since previous

<b>Specialized Examination:</b>
<input type="checkbox"/> Vertebral Fracture Analysis ( <i>McMaster only</i> ) <input type="checkbox"/> Paraplegic Assessment <input type="checkbox"/> Body Composition

<b>Risk Factors (please check all applicable):</b>
<input type="checkbox"/> T-Score less than -1.0 on prior BMD <input type="checkbox"/> Fragility Fracture (spine, wrist, hip, pelvis) <input type="checkbox"/> Systemic Glucocorticoid (Steroid) Use (for greater than 3 months) <input type="checkbox"/> Other High Risk Medications (e.g. Hormone Deprivation Therapy) <i>State Medication:</i> _____ <input type="checkbox"/> Malabsorption Syndrome <input type="checkbox"/> Chronic Inflammatory Disease (e.g. Rheumatoid Arthritis) <input type="checkbox"/> Vertebral Fracture on X-Ray <input type="checkbox"/> High Alcohol Intake or Current Smoker <input type="checkbox"/> Low Body Mass (less than 60 kg) <input type="checkbox"/> Major Weight Loss <input type="checkbox"/> Other <i>Please Specify:</i> _____

**Relevant Clinical Information:** \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Additional Report Copies To: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

**Bring this requisition form and your health card to your appointment.  
 Arrive 10 minutes prior to your appointment for registration.**

