

**Osteoporosis and Bone Disease Program**  
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## Osteoporosis and Bone Disease Program Referral Form

### PATIENT INFORMATION

Name: \_\_\_\_\_ Gender: **M** **F**  
Date of Birth: \_\_\_\_\_  
(YYYY/MM/DD)  
Health Card: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Family Physician: \_\_\_\_\_

### REFERRING PHYSICIAN INFORMATION

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Reason For Consult:

Osteoporosis     Paget's Disease     Calcium Disorder     Other \_\_\_\_\_

Has the patient had a prior consultation with us for this problem?    N    Y, Dr. \_\_\_\_\_ Date: \_\_\_\_\_

**History of illness:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Information to be sent with referral:

- For osteoporosis, please send:
- all previous BMD results
  - current BMD (within the past year)
  - **ALSO IF AVAILABLE AND PREVIOUSLY COMPLETED:** Xray reports and pertinent blood work (calcium, albumin, Vit D level, PTH, creatinine, etc.)
- For Paget's disease, please send:
- recent and historic alkaline phosphatase levels
  - bone scan and Xray reports, previous BMD's if completed
- For calcium disorders, please send:
- blood work results and BMD results if previously completed

**These results will be needed before an appointment can be made for your patient.**