Brockville General Hospital

BONE DENSITY REQUISITION

PLEASE FAX COMPLETED REQ/QUESTIONNAIRE TO (855) 564-1844

As of June 2026

PATIENT INFORMATION

Last Name	First Name	Date of Birth	YYYY	MM	DD

Address	City	Postal Code

Phone	E-mail Address	Health Card Number	Ver Code

CLINICAL INFORMATION

Patient's height? _____ feet _____ inches Weight? _____ lbs

1. Have you had a fragility fracture?	☐ Y	☐ N
If yes, is there a history of 2 or more fragility fractures?	☐ Y	☐ N
Do any of the fragility fractures involve the hip or spine?	☐ Y	☐ N
2. Have you been on Prednisone or steroids for more than 3 months in 1 year?	☐ Y	☐ N
What is/was your dosage? _____		
3. Are you taking any prescription medications or injections for osteoporosis?	☐ Y	☐ N
If on bisphosphonates, how long? _____		
4. Do you have Hypercortisolism/Cushing's Syndrome?	☐ Y	☐ N
5. Previous Bone Density exam here or elsewhere in Ontario?	☐ Y	☐ N
If yes when? _____		
6. Surgery on your lower spine or your hips?	☐ Y	☐ N
7. Nuclear medicine test or x-ray/CT with contrast (i.e. barium) in the last 2 weeks?	☐ Y	☐ N
8. Has anyone in your family had Osteoporosis?	☐ Y	☐ N
9. Do you smoke, or have you ever smoked?	☐ Y	☐ N
If yes, how long? _____		
10. Do you take calcium supplements (including tums)?	☐ Y	☐ N
11. Do you take thyroid medication?	☐ Y	☐ N
If yes, how long? _____		
12. Are you taking medications for rheumatoid arthritis?	☐ Y	☐ N
13. Have you ever had cancer?	☐ Y	☐ N
14. Have you had a hysterectomy or ovaries removed?	☐ Y	☐ N
If yes, when? _____		
15. Are you post-menopausal (periods have stopped)?	☐ Y	☐ N
If yes, when? _____		
16. Are you taking or have you ever taken hormone replacement therapy (HRT)?	☐ Y	☐ N
17. Are you pregnant?	☐ Y	☐ N

CLINICIAN INFORMATION

Date of the Request (YYYY/MM/DD): _____/____/____

Requesting Clinician Name (PRINT First and Last Name)	Clinician Fax Number
Clinician Signature	Clinician Phone Number

REQUISITIONS WITHOUT A LEGIBLE NAME, SIGNATURE AND FAX NUMBER WILL BE RETURNED WHICH MAY CAUSE DELAYS IN PATIENT CARE

Copy Report to (PRINT First and Last Name)	Copy to Fax Number