

RAPID ACCESS CLINIC (NON-TIA)

Fax Referral Form

Fax: (01226) 433376

Date: 8 February 2016

Patient Details

| | |
|-----------------------|---------------------|
| Name: | |
| Address: | |
| Tel: | Mobile: |
| Date of Birth: | Age: |
| NHS Number: | Unit Number: |

GP Details

| | |
|------------|-----------------------|
| Tel | Practice Code: |
|------------|-----------------------|

DATE OF DECISION TO REFER ►

| | |
|--|---|
| Reason for Referral | <input type="radio"/> Falls and bone health <input type="radio"/> Other (please state) ► <input style="width: 100px;" type="text"/> |
| <i>Please use TIA Clinic referral form for patients with suspected TIA</i> | |

FALLS AND BONE HEALTH

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|-----------------|--|
| Symptoms | <input type="checkbox"/> Falls <input type="checkbox"/> Unsteady/worsening mobility <input type="checkbox"/> Joint pain <input type="checkbox"/> Risk of osteoporosis <input type="checkbox"/> H/O fragility fracture |
|-----------------|--|

Falls history and contributing risk factors (please state)

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|---|
| ► |
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Any loss of consciousness associated with fall? Yes No

Recent changes to physical abilities / medication / environment (please state)

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| ► |
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Date and place of previous DXA scan ►

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Any other comments (please state)

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| ► |
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NB. Please arrange blood tests including FBC, ESR, U&E, LFT, TFT, Glucose, Calcium

Please attach a summary print out of the patients Clinical Notes:

Including

Significant Past problems

Present Problems

Medication Hx

Allergies

Blood pressure

And recent blood results