BC WOMEN'S HOSPITAL & HEALTH CENTRE
4500 Oak Street
Vancouver, B.C. V6H 3N1

BC WOMEN'S HOSPITAL & HEALTH CENTRE
An agency of the Provincial Health Services Authority

PLACE PATIENT ID LABEL HERE

Osteoporosis Program:

Tel: (604) 875-2018
Fax: (604) 875-3738

REQUEST FOR:

❑ **Osteoporosis Clinic Referral**
(Includes physiotherapist, dietitian, nursing and medical consultation).

❑ **Osteoporosis Education Session**
Intended for those not requiring medical consultation
(3 hour bone health information session given by a physiotherapist, dietitian and a nurse). Phone: (604) 875-2018

PATIENT INFORMATION:

Name: _____ PHN: _____

Address: _____

Tel._____ (h) _____ (w) Birth date: _____
d m y

Has the patient been seen in the Women's Health Centre before? ❑ Yes ❑ No

PLEASE SEND COPIES OF:

❑ Previous bone densities ❑ Recent lab work ❑ Lateral lumbar and thoracic spine x-rays if available.

Relevant Information/History:

❑ Fractures
❑ Family history of osteoporosis
❑ Other _____

_____

_____

Medications *(please list)*:

Length of time on medication

_____ ❑ < 1 year ❑ 1-2 years ❑ > 2 years
_____ ❑ < 1 year ❑ 1-2 years ❑ > 2 years
_____ ❑ < 1 year ❑ 1-2 years ❑ > 2 years
_____ ❑ < 1 year ❑ 1-2 years ❑ > 2 years

Referring Dr. _____ Physician's signature: _____
Address: _____ Billing #: _____
_____ Tel. _____Fax: _____

Copies to:

Dr. _____ Address: _____ Tel. _____