



Patient Clinical History: (must be completed)

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BONE HEALTH ASSESSMENT

X-RAY	<input type="checkbox"/> Cervical (OA) <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbosacral <input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/> SI Joints <input type="checkbox"/> Other: _____
BONE MINERAL DENSITY (DEXA)	<input type="checkbox"/> Baseline (1 st ever in Ontario) <input type="checkbox"/> Low Risk Follow Up <input type="checkbox"/> High Risk Follow Up <p align="center">MUST meet OHIP eligibility on reverse</p>
NUCLEAR MEDICINE	<input type="checkbox"/> Bone Scan (with SPECT)

PATIENT APPOINTMENT (Bone Health Assessment): booked appt only

Date: D _____ M _____ Y _____ Time: _____ am / pm

Innisfil – Rizzardo Health & Wellness Centre, 7325 Yonge St., Suite 1300 705 431 5641

INTERVENTIONAL THERAPY CONSULTATION

Vertebroplasty Consult

PATIENT APPOINTMENT (Interventional Therapy Consult): booked appt only

Date: D _____ M _____ Y _____ Time: _____ am / pm

Barrie – Little Lake Health Centre, 11 Lakeside Terrace, Suite LL01 705 722 8036

Patient Information		Practitioner Information	
Name		Signature	
DOB		Printed Name	
Address		Fax	
Phone		Date	
OHIP #		CC Copy	

BONE MINERAL DENSITY ELIGIBILITY CRITERIA

BASELINE (1st ever in Ontario)	<p>Patients with any of the following risk factors (check ALL that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Female or male age ≥ 65 <input type="checkbox"/> History of fragility fracture (after age 40)¹ <input type="checkbox"/> Recent prolonged glucocorticoid use² <input type="checkbox"/> Other high risk medication use³ <input type="checkbox"/> Conditions associated with bone loss or fracture⁴ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Menopausal female (≥ 1 year post cessation of menstrual periods with body weight < 60 kg) <input type="checkbox"/> Male age 50 – 65 with body weight < 60 kg Specify: _____ </td> </tr> </table>	<input type="checkbox"/> Female or male age ≥ 65 <input type="checkbox"/> History of fragility fracture (after age 40) ¹ <input type="checkbox"/> Recent prolonged glucocorticoid use ² <input type="checkbox"/> Other high risk medication use ³ <input type="checkbox"/> Conditions associated with bone loss or fracture ⁴	<input type="checkbox"/> Menopausal female (≥ 1 year post cessation of menstrual periods with body weight < 60 kg) <input type="checkbox"/> Male age 50 – 65 with body weight < 60 kg Specify: _____
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LOW RISK FOLLOW UP	<p>For patients at LOW fracture risk on prior exam, OHIP will cover:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A second BMD test 3 YEARS AFTER the baseline test <input type="checkbox"/> A successive BMD test (i.e. 3rd or more) 5 YEARS AFTER the last test <p>Date Last exam D _____ M _____ Y _____</p> <p>Follow up BMD tests at intervals of EVERY 2 – 3 YEARS are appropriate for most MODERATE or HIGH risk patients (incl. those recently discontinuing therapy).⁵</p>		
HIGH RISK FOLLOW UP	<ul style="list-style-type: none"> <input type="checkbox"/> 2 – 3 year follow up with previous Moderate to High Risk BMD without changes to risk level <input type="checkbox"/> 1 year follow up (for any patient, follow up BMD Tests may be appropriate AFTER 1 YEAR if: <ul style="list-style-type: none"> <input type="checkbox"/> Has a new fragility fracture¹ <input type="checkbox"/> Active risk factor for bone loss^{2,3,4} <input type="checkbox"/> Significant bone loss on prior BMD exam⁶ <input type="checkbox"/> Initiated or changed to a new bone sparing medication within the past year 		

¹defined as fracture that occurs spontaneously such as vertebral fracture identified on X-ray or after minor trauma such as a fall from standing height or less, EXCLUDING craniofacial, hand, ankle, foot, and rib fractures

² ≥ 3 months in the prior year at a prednisone equivalent dose ≥ 7.5 mg daily

³ e.g., aromatase inhibitors, androgen deprivation therapy, anticonvulsant therapy

⁴ e.g., primary hyperparathyroidism, osteogenesis imperfecta, uncontrolled hyperthyroidism, male hypogonadism, Cushing's disease, chronic malnutrition or malabsorption syndrome, chronic liver disease and inflammatory conditions (e.g. inflammatory bowel disease, lupus, rheumatoid arthritis)

⁵ refer to 2014 Choosing Wisely Canada recommendations:
<http://www.choosingwiselycanada.org/recommendations/rheumatology/>

⁶ OHIP defines significant bone loss as being in excess of 1% per year

Patient Preparation

If you have had a Nuclear Medicine, CT scan with contrast or Barium test in the past week, please reschedule your appointment.

Dress in comfortable clothing **without metal**: no belts, zippers or bra and no navel jewelry. This will eliminate the need to change into a gown.

If your appointment includes a **bone scan**:

There are 2 parts to the test: you will be asked to return approximately 2 – 4 hours after your initial appointment.

You are welcome to leave the clinic during your break. You may eat. You will be encouraged to drink at least 1 litre of fluids during the break. You may empty your bladder.