

**MINIMAL TRAUMA FRACTURE**

**REFERRAL FORM**

# Endocrinology and Metabolism Department,

**6th Floor, Medical Centre**

#### Concord Hospital

# To:

## Thank you for seeing

*Patient sticker*

**Patient’s tel no:** (02) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

***My patient fulfills all of the criteria below:***

* **45 yrs of age or older**
* **Fracture resulting from a minimal trauma incident (i.e falling from standing height or any milder insult)**
* **No known history or presence of metastatic or myeloma bone disease/ pathological fracture.**
* **Ambulatory and able to attend a screening appointment**

***Patient Age ……… years Gender: male / female***

***Fracture Site:*** ........................………………………………………………………

***Mechanism of Fracture:***……………………………………………………………

………………………………………………………………………………………

………………………………………………………………………………………

**Referring Doctor:** ……………………………………………………………….

If patient is non-English speaking:

- Interpreter required? Yes / No

- Language?. .............................

- Accompanied by family? Yes / No