

Community Sexual & Reproductive Health Services
 Community Health Newham Directorate
 The Shrewsbury Centre
 Shrewsbury Road
 London
 E7 8QP
 Telephone: 020 8586 5147/5148
 Fax: 020 8586 5008

Referral Form for DEXA Scanner Clinic

<p>NHS No:</p> <p>Name:</p> <p>Address:</p> <p>Telephone: Home: Work:</p> <p>Preferred Language:</p>	<p>Date of last DEXA Scan if applicable</p> <p>Please Specify.....</p>
<p>DATE OF BIRTH:...../...../.....</p> <p>AGE:</p> <p>MALE/FEMALE</p> <p>Interpreter/Translator required YES/NO</p>	<p>FOR ALL REFERRALS</p> <p>GP NAME:</p> <p>ADDRESS:</p> <p>TELEPHONE:</p>

<p>Relevant Obstetric, Gynaecology or Medical History</p>	
<p>Reason for Referral:</p>	
<p>Current Medication:</p>	
<p>Referred By:</p> <p>Address:</p> <p>Telephone Number:</p>	<p>Designation:</p> <p>Signature:</p> <p>Date:</p>