**Metabolic Bone Disease Referral Form**

**All referrals to the service are received via the Electronic Referral Service (eRS) – “Rheumatology” and mark referral “Metabolic Bone Disease”**

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| **Please select the urgency of the referral** |
| Routine □ | Urgent □ |

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| **PATIENT NAME, ADDRESS AND TELEPHONE NO.** | **DATE OF BIRTH** | **NHS NO.** | **CURRENT DIAGNOSES** |
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| **Reason for referral:** |

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| Patients with the following conditions are seen in the metabolic bone clinic. Please select a patients diagnosis/suspected diagnosis: (Please tick) |
| Pagets disease □ Osteogenesis imperfecta □Renal bone disease □ X-linked hypophosphataemia □ | Hypophosphataemia □Bone marrow oedema syndrome □Other □ |

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| Relevant family history |  |

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| **REFERRING GP’s NAME** | **SURGERY DETAILS**  | **DATE OF REFERRAL** |
|  |  |  |
| **GMC registration number** |  |