

What is telemedicine?

By using two-way video cameras, telemedicine connects healthcare sites throughout Ontario to the Women's College Hospital program so that patients receive care and education in their own communities. Similar to a regular doctor's appointment, a telemedicine visit is private and confidential. It is seen and heard only by the healthcare professionals involved.

What is osteoporosis?

Osteoporosis (or 'porous bones') is a condition of low bone mass and deterioration of bone architecture, increasing a person's risk for fracture (broken bone). Few people realize that they have osteoporosis until their bone health reaches the point where their bones may be at risk for breaking.

What causes osteoporosis?

A number of factors have been identified as putting some people at higher risk for bone loss and breaking bones. These include genetic, lifestyle, and health factors. The good news is that osteoporosis can be detected early – before more bone loss occurs and when intervention can be most effective. Being aware of good bone health habits and making important lifestyle changes can prevent osteoporotic fractures, or prevent it from developing into a significant health risk. In some cases, osteoporosis medications may be recommended.

How can I be referred to the telemedicine program?

The program accepts referrals from physicians and nurse practitioners who may also consult directly with our clinical specialists with patient-specific questions. You may be referred for assessment if:

- > you have been diagnosed with osteoporosis
- > you have had a 'fragility fracture' (a broken bone from minimal trauma)
- > you are at high risk for bone loss
- > you are at moderate or high risk for fracture

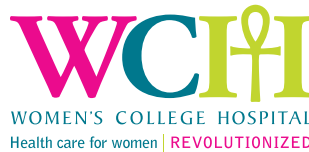
The completed referral form for the telemedicine program is to be faxed to 416-323-6484. A recent bone density test (within one year) and the printed images are required to be sent with the referral.

The **Ontario Osteoporosis Strategy** supports the "integration of osteoporosis care through various stages of treatment – primary care, post-fracture, rehabilitation – to ensure that patients receive the right care by the right person at the right time in the right place." Focusing on under-served and remote communities in Northern Ontario, the **Women's College Hospital Centre for Osteoporosis and Bone Health** provides clinical care for individuals who are at increased risk for fractures (breaking a bone) and bone loss related to osteoporosis via OTN videoconferencing.

Individuals referred to the program will have access to a medical specialist, program nurse, and members of our allied health team (pharmacist, dietitian, physical therapist and occupational therapist) as required.

To learn more about osteoporosis, please visit the Bone and Joint Health page at www.womenshealthmatters.ca or visit www.osteoporosis.ca.

Form No. F-2923 (11-2015)



Women's College Hospital
76 Grenville St.,
Toronto, ON M5S 1B2
T. 416-323-6400
womenscolleghospital.ca
womenshealthmatters.ca
womensresearch.ca
womenscolleghospitalfoundation.ca

Centre for Osteoporosis and Bone Health

Providing accessible, patient-focused osteoporosis clinical care for newly referred and follow-up patients in their communities.



TELEMEDICINE OSTEOPOROSIS PROGRAM

Referral for Consultation

Women's College Hospital
76 Grenville St. Toronto, ON | M5S 1B2
Tel: 416-323-2663

FAX Referral form to 416-323-6484

Please include current and previous Bone Mineral Density reports with images.

Reason for Referral: _____

Osteoporosis RISK FACTORS (check all that apply to your patient):

- Fracture after age 40 years:
 - Spine fracture
 - Hip fracture
 - Other: _____
- High **FALL** risk
- Use of high risk **MEDICATIONS**:
 - Steroids
 - Aromatase Inhibitor
 - Anticonvulsant
 - Other: _____
- High risk **MEDICAL CONDITIONS** associated with Osteoporosis:
 - Malabsorption syndrome
 - Hyperparathyroidism
 - Other: _____
- Other **CHRONIC CONDITIONS** (specify): _____
- Current **OSTEOPOROSIS MEDICATIONS** (specify): _____
- Preferred Patient Site for OTN (if known): _____

Physician/Nurse Practitioner Signature:

Referring MD/NP signature: _____

MD/NP Name: _____

Address: _____

Date of Referral: _____

Billing #: _____

Tel: _____

Fax: _____