

ASSESSMENT OF BODY COMPOSITION USING DEXA SCAN

Referral Form for Medical Practitioners or Accredited Health Professionals*

Part A – PATIENT DETAILS – to be completed by referring Practitioner

Name (first name, last name)	Birth Date
Address	Age
Email address	Mobile

Part B – DEXA BODY COMPOSITION CLINICAL INDICATIONS - Medical Practitioner & Allied Health Professionals

Medical Practitioner, Accredited Practising Dietitian, Accredited Exercise Physiologist and Physiotherapist can refer for DEXA body composition scan for the clinical indication below and Specialists can prescribe DEXA for **any clinical indicator** (refer to Parts C & F).

(tick applicable)

<input type="checkbox"/>	OBESITY	assess fat and lean mass changes in an obese patient who has undergone a medical diet or weight loss regimen resulting in weight loss exceeding approximately 10% and the impact on clinical outcomes is uncertain
<input type="checkbox"/>	BARIATRIC SURGERY	assess fat and lean mass changes in an obese patient who has undergone bariatric surgery
<input type="checkbox"/>	MUSCLE WEAKNESS	clinically manage a patient with true muscle weakness due to injury, medical condition or disability where the impact on clinical outcomes is uncertain
<input type="checkbox"/>	POOR PHYSICAL FUNCTIONING	clinically manage a patient with poor physical functioning due to injury, medical condition or disability where the impact on clinical outcomes is uncertain
<input type="checkbox"/>	ANTI-RETROVIRAL THERAPY	assess fat distribution in a patient undergoing anti-retroviral therapy associated with a risk of lipodystrophy
Please add any other clinical indications and/or notes e.g. medical condition, surgeries, injuries etc		

Part C – DEXA BODY COMPOSITION CLINICAL INDICATIONS to be completed by Specialist Medical Practitioner

Medical Practitioner who holds **specialist registration** with AHPRA in one of the specialities below, are not subject to the above restrictive clinical indicators and can prescribe DEXA for **any clinical indicator** (refer to Part F). Please tick Discipline:

- Radiology
 Psychiatry
 Sports & Exercise Medicine
 Obstetrics & Gynaecology
 Surgery
 Physician
 Rehabilitation Medicine
 Paediatrics and Child health
 Pathology
 Radiation Oncology

Please state the clinical indications for the procedure

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Please state the clinical question to which an answer is being sought

(Please tick at least one)

<input type="checkbox"/>	Assess fat and lean mass changes including fat mass index (FMI) and lean mass index (LMI)	<input type="checkbox"/>	Visceral fat quantification for cardio-metabolic risk assessment
<input type="checkbox"/>	Reduce risk of developing type 2 diabetes, cardiovascular disease and or mental health disorder	<input type="checkbox"/>	Measurement of Android:Gynoid ratio
<input type="checkbox"/>	Assess fat and lean mass changes including fat and lean mass indices, in an underweight patient, potential malnutrition	<input type="checkbox"/>	Segmental lean mass analysis for injury prevention and management
<input type="checkbox"/>	To inform lifestyle intervention and set safe body composition targets to improve performance and/or optimise health	<input type="checkbox"/>	Longitudinal measurement of regional and / or sub-regional areas specific to the site of injury/surgery/rehabilitation
<input type="checkbox"/>	Sequential measurements, with subsequent scans at least 8 weeks apart and not more than 4 scans within a year to monitor changes in body composition response to nutrition, activity or lifestyle intervention		
<input type="checkbox"/>	Other		

Part D – CONTRAINDICATIONS Please tick if the patient has had any of the following

- Barium x-ray, nuclear medicine scan or injection of an x-ray dye in the last week
 4 DEXA scans in past 12 months
 Pregnant

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Part E – REFERRER DETAILS Please tick Discipline

Medical Practitioner Accredited Exercise Physiologist Accredited Practising Dietitian Physiotherapist

Name referrer:		Phone		Provider no.	
Address:				Email address	
Results:	<input type="checkbox"/> Electronic report	<input type="checkbox"/> Report with patient	<input type="checkbox"/> Facsimile report		

I certify that I am clinically managing the above patient and that the diagnostic information is required their clinical management.
Referral slip **valid at Body DEXA fit for 12 months** and includes a total no. of 4 scans within a year to monitor changes in body composition response to intervention, with subsequent scans at least 8 weeks apart.

Signature

date

Part F – Victorian Regulatory Requirements for use of DEXA for the assessment of body composition assessment

Medical Practitioner, Accredited Practising Dietitian, Accredited Exercise Physiologist and Physiotherapist can refer for assessment of body composition using DEXA scan that satisfies the 4 prescribed clinical indicators below:

1. assess fat and lean mass changes in an **obese patient** who has undergone a medical diet or weight loss regimen resulting in **weight loss exceeding approximately 10%** and the impact on clinical outcomes is uncertain; or
2. assess fat and lean mass changes in an **obese patient** who has undergone **bariatric surgery**; or
3. clinically manage a patient with **true muscle weakness** or **poor physical functioning due to injury** or medical condition (e.g. sarcopenia) where the impact on clinical outcomes is uncertain; or
4. assess fat distribution in a patient undergoing **anti-retroviral therapy** associated with a risk of lipodystrophy

Medical Practitioner who holds specialist registration with AHPRA in one of the following specialities below, are not subject to the above restrictive clinical indicators and can prescribe DEXA for any clinical indicator:

Radiology Psychiatry Sports & Exercise Medicine Obstetrics & Gynaecology Surgery
 Physician Rehabilitation Medicine Paediatrics and Child health Pathology Radiation Oncology

It is **mandatory requirement** that

- a) all referral for assessment of body composition using DEXA states the clinical indications and the clinical question to which an answer is being sought
- b) includes a statement from the referrer that confirms that the patient is being clinically managed by the referrer and that the diagnostic information is required for the management of the patient

Part G – Definitions

“**DEXA**” means Dual-energy X-ray absorptiometry.

“an **obese patient**” means a person with a body mass index (BMI) of 30 or greater.

“**Medical Practitioner**” means a person who is registered under Health Practitioner Regulation National Law in the medical profession “**true muscle weakness**” (or neuromuscular weakness) describes a condition where the force exerted by the muscles is less than expected when using calibrated assessment instruments or relevant assessment standards.

“**poor physical functioning**” means a condition where the physical functioning is less than expected when using calibrated assessment instruments or relevant assessment standards.

“**Accredited Health Professionals**” includes the following Health Professionals:

Accredited Exercise Physiologist; Accredited Practising Dietitian; Accredited Sports Dietitian; Physiotherapist.

Part H – Parental Consent (for minors U18)

I (full name of parent/guardian) _____ give my permission for my child (full name of child) _____ to undergo a DEXA Body Composition scan.

Parent/Guardian Signature

date

Part I – Internal Use only Is the procedure justified Yes No