Fragility fracture and osteoporosis: referral

Original independent practice. All patient details, investigation results and care arrangements are fictional. Assume that today's date is 3 November 2026. Ms Yousafzai requires assessment for prevention of further fractures. You are Ms Nadia Yousafzai's general practitioner. Write a referral to Dr Imelda Evangelista, Fracture Liaison Physician, Specialist Bone-Health Clinic, Suite 2, 26 High Street, AB10 1AA. Request secondary fracture prevention, summarising her investigation and treatment history and the practical barriers to sustained treatment. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Ms Nadia Yousafzai	☐	☐	☐
2. DOB: 09/05/1954 (72 yrs)	☐	☐	☐
3. Address: 30 Station Road, AB10 1AA	☐	☐	☐
Social and medical background			
4. Main carer for husband; morning routine unpredictable	☐	☐	☐
5. Daughter can provide transport if given notice	☐	☐	☐
6. Frequent clinic attendance difficult because of caring responsibilities	☐	☐	☐
7. Mother sustained hip fracture in later life	☐	☐	☐
8. No smoking; minimal alcohol; no long-term systemic steroids	☐	☐	☐
9. Previous cataract surgery; no current visual complaints	☐	☐	☐
Bone-health history			
10. 12/2024: DXA report documented osteoporosis; copy available	☐	☐	☐
11. 01/2025: alendronic acid trial begun following discussion with GP	☐	☐	☐
12. Stopped after several doses because of troublesome heartburn	☐	☐	☐
13. Fasting administration instructions difficult around husband's care	☐	☐	☐
14. No alternative bone-protective treatment started	☐	☐	☐
Fracture and progress			
15. 04/10/26: tripped on rug; fall from standing height	☐	☐	☐
Fracture and progress			
16. Left distal radius fracture; managed in cast	☐	☐	☐
17. No preceding dizziness or loss of consciousness	☐	☐	☐
18. Orthopaedic follow-up already arranged for ongoing fracture management	☐	☐	☐
19. 28/10: satisfactory alignment; pain improving	☐	☐	☐
20. 30/10 GP review: seeks prevention of another fracture	☐	☐	☐
21. Willing to discuss alternative treatment; reluctant to restart same tablets	☐	☐	☐
Investigations and current support			
22. Calcium and renal function within laboratory reference ranges, 30/10	☐	☐	☐
23. Vitamin D result pending; GP to forward when available	☐	☐	☐
24. No current calcium/vitamin D supplements; dietary intake not assessed	☐	☐	☐
25. DXA and recent blood results to accompany referral	☐	☐	☐
26. Falls assessment arranged; rug removed from home	☐	☐	☐
27. Walking less since fracture; previously walked to shops most mornings	☐	☐	☐
28. Pt complained that fracture-clinic seating was uncomfortable	☐	☐	☐
29. Retired librarian; prefers historical novels	☐	☐	☐
Plan			
30. 03/11: refer fracture liaison physician for secondary prevention and practical treatment plan	☐	☐	☐

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