INSTRUCTIONS: This form must be reviewed and signed by the resident/resident representative/guardian. Complete upon admission, quarterly, with a significant change of resident condition and upon the request of the resident/resident representative/guardian/facility. Please Note: Prior to filling out disclosure, remove top form.

__________ is committed in providing quality of care to all residents. For each resident to receive and for _______ to provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care, it is necessary to build a team between the resident/resident representative/guardian, physicians and facility staff. Resident/resident representative/guardian participation in the management, treatment, interventions and approaches is an essential part of the overall care approach for the resident.

Alzheimer's disease is a chronic, progressive, degenerative cognitive disorder characterized by impairment of the resident's intellect, memory, functional ability and personality changes. Alzheimer's disease is a progressive disease, which means it will worsen with time. There are three stages of the disease.

*Note: The symptoms may vary in severity and each resident experiences symptoms differently.

<table>
<thead>
<tr>
<th>Stage</th>
<th>COMMON BEHAVIORS</th>
</tr>
</thead>
</table>
| Stage I (early stage, mild dementia) | • Loss of short-term memory  
• Decreased judgement (safety concern)  
• Falls  
• Inability to perform mathematical calculations  
• Inability to comprehend abstract ideas  
• Visual-processing difficulty  
• Unstable emotions |
| Stage II (middle stage, moderate dementia) | • Progressive memory loss (long and short term)  
• Lack of comprehension  
• Socially unacceptable behavior(s)/aggression  
• Difficulty with speech and language (Aphasia, Anomia)  
• Inability to write (Agraphia)  
• Unstable personality changes  
• Changes in usual grooming habits  
• Inability to remember purpose of items (Apraxia)  
• Urinary incontinence  
• Wandering/Nocturnal restlessness  
• Falls  
• Psychotic behaviors, such as hallucinations, delusions and paranoia  
• Depression  
• Seizures |
### ALZHEIMER'S DISEASE DISCLOSURE

<table>
<thead>
<tr>
<th>Stage</th>
<th>COMMON BEHAVIORS</th>
</tr>
</thead>
</table>
| Stage III (late stage, severe dementia) | - Inability to perform activities of daily living, such as eating, dressing and bathing, requires total care  
- Unable to remember how to walk, toilet, swallow  
- Falls  
- Increased irritability  
- Minimal or no communication  
- Emaciation – to become excessively thin  
- Unresponsive, coma, death |

*Seizures, hallucinations, delusions, paranoia or depression can occur in either Stage II or Stage III.*

Residents with Alzheimer's disease may develop complications that put them at risk for:

- Falls  
- Pressure injuries  
- Weight loss (loss of appetite)  
- Infections (pneumonia)  
- Constipation  
- Joint contractures  
- Fractures  
- Injury due to lack of insight, hallucinations and confusion

(*If not addressed in the plan of care: Specify resident condition, treatment options, expected outcomes, consequences of refusing treatment, resident's concerns, medications that may affect the disease process and offer relevant alternatives if the resident has refused treatments.)*

**Additional Comments:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
ACKNOWLEDGEMENT OF RECEIPT OF ALZHEIMER’S DISEASE DISCLOSURE

I, ____________________________, acknowledge that I have received a copy of ____________________________ Alzheimer’s Disease Disclosure which summarizes the symptoms ____________________________ a resident diagnosed with Alzheimer’s disease may exhibit. Residents diagnosed with Alzheimer’s disease may suffer from complications/adverse accidents, symptoms/outcomes that are a result of the natural progression of the disease process.

The resident/resident representative/guardian acknowledges that complications/adverse accidents may occur as a result of the disease process.

The facility recognizes the relationship between the resident and the resident representative/guardian is a critical element in identifying all of the resident’s disease symptoms. The facility staff and physician requests that the resident representative/guardian report all information regarding changes listed as symptoms or complications to the facility staff immediately.

I understand the facility will review this information with ____________________________ when there is a significant change of the resident’s condition, quarterly, and when requested by the resident/resident representative/guardian or facility as a necessary part of the plan of care for the resident.

By signing, the resident representative/guardian acknowledges the symptoms and complications/risks associated with the disease, and participation in the overall resident plan of care.

ACKNOWLEDGEMENT SIGNATURES

Resident/Resident Representative/Guardian ____________________________ Date Signed ____________________________

If signed by Resident Representative/Guardian complete the following:

Print Name ____________________________ Relationship ____________________________

Person completing this form: ____________________________ Signature and Title ____________________________ Date Signed ____________________________

Witness signature: ____________________________ Date Signed ____________________________

NAME–Last First Middle Attending Physician Record No. Room/Bed ____________________________