

ALZHEIMER'S DISEASE DISCLOSURE

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
 (Facility Name)
 resident to receive and for _____ to provide the necessary care and services
 (Facility Name)
 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.

Stage	COMMON BEHAVIORS
Stage I (early stage, mild dementia)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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Stage	COMMON BEHAVIORS
Stage III (late stage, severe dementia)	<ul style="list-style-type: none"> • 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: _____

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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ACKNOWLEDGEMENT OF RECEIPT OF ALZHEIMER'S DISEASE DISCLOSURE

I, _____, acknowledge that I have received a copy of
(Resident/Resident Representative/Guardian)

_____ Alzheimer's Disease Disclosure which summarizes the symptoms
(Facility Name)

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
(Resident/Resident Representative/Guardian)
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
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