ALZHEIMER'S DISEASE DISCLOSURE

INSTRUCTIONS: This form must be reviewed with 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 plan 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 general 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)	• Loss of short-term memory • Decreased judgement (safety concern) • Inability to perform simple mathematical calculations • Inability to comprehend abstract ideas • Losing or misplacing a valuable object • Coming up with right name or word • Increasing trouble planning or organizing • Difficulty with tasks in work or social setting • Falls • Visual processing difficulty • Unstable emotions
Stage II (Middle stage, moderate dementia)	• Progressive memory loss (long and short term) • Socially unacceptable behavior(s) i.e., aggression, argumentative • Difficulty with speech and language (Aphasia; Anomia) • Inability to write (Agraphia) • Personality and behavior changes: suspicious, delusional, compulsive, repetitive • Changes in usual grooming habits • Inability to remember purpose of items (Apraxia) • Trouble controlling bowels and bladder • Increased tendency to wander and get lost • Falls • Changes in sleep patterns - sleeps during day/restless at night • Moody or withdrawn • Needs help selecting proper clothes for season or occasion • Confused about where they are or what day it is • Forgetful of personal history or events • Unable to recall their address or phone number or the school they attended

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

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Stage	COMMON BEHAVIORS
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 • Loss of awareness of surroundings • Unresponsive, coma, death • Vulnerable to infections, especially pneumonia

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

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

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:_____

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

ACKNOWLEDGEMENT OF RECEIPT OF ALZHEIMER'S DISEASE DISCLOSURE

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

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

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.

This 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 request that the Resident/Resident Representative/Guardian report all information regarding changes listed as clinical symptoms, complications or changes in the resident's usual behavior or status to the facility 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/Resident Representative/Guardian acknowledges the clinical symptoms and complications/risks associated with the disease as well as the importance of participation in the overall plan of care for this resident.

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