

## OSTEOPOROSIS 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.

\_\_\_\_\_ 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.

Osteoporosis is a condition in which there is a generalized, progressive reduction of bone mass that causes the bones to become weak and brittle and makes them more susceptible to fracture. A fall, bending over or even coughing can cause a bone to fracture. Fractures related to Osteoporosis occur most often in the spine, hip or wrist. It is the most age-related metabolic bone disorder. Osteoporosis affects men and women of all races, but white and Asian women past menopause are at the highest risk.

**\*Note:** The symptoms may vary in severity. Each resident may experience symptoms differently.

### CLINICAL SYMPTOMS

- Loss of height over time
- Kyphosis (an excessive curvature of the spine with convexity backward; also known as humpback or hunchback)
- Stooped posture
- Decreased exercise tolerance
- Stiffness
- Dull, aching, constant pain in the bones, particularly the back and chest
- Sudden pain associated with bending or lifting
- Back pain (if vertebral collapse occurs)
- Pain
- Weakness
- Spontaneous wedge fractures
- Falls
- Other fractures occur with minimal or no trauma (pathological fractures i.e., bone breaks and person falls)

Residents with Osteoporosis may develop complications that put them at risk for:

- Falls related to gait changes, weakness and decreased bone mass
- Depression
- Constipation
- Pain
- Loss of sleep
- Loss of appetite
- Bone fractures (vertebrae, femoral neck, distal radius, proximal humerus, pelvis and proximal femur (hip))
- Increased risk of death within first year of injury (especially hip fractures)
- Disability (spine or hip fractures)

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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## OSTEOPOROSIS DISCLOSURE

(\*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 treatment.)

Additional Comments:

www.BriggsHealthcare.com  
©SAMPLE  
(800) 247-2343

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

## ACKNOWLEDGEMENT OF RECEIPT OF OSTEOPOROSIS DISCLOSURE

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

\_\_\_\_\_ Osteoporosis Disclosure which summarizes the clinical symptoms  
(Facility Name)

a resident diagnosed with Osteoporosis may exhibit. Residents diagnosed with Osteoporosis may suffer from complications/adverse events and clinical symptoms that are a result of the natural progression of the disease process.

The Resident/Resident Representative/Guardian acknowledges that complications/adverse events 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 requests that the 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 Osteoporosis, 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