|  |  |
| --- | --- |
| **Patient Label** | **Appointment date:** Clinic Tel ☐ N/A ☐  |
| **DEXA Date:** |
| **Telephone Numbers:** |

**Patient Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Care home resident at time of fracture | yes |  | no |  | Don’t know |  |
| Admitted to hospital | yes |  | no |  |  |  |
| Date of first FLS contact  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *or* |  | Patient DNA |  |
|  |  |  |  |  |  |  |

Explain aim of FLS appointment

Clarify patient expectation of appointment

Ask patient if any concerns they want to discuss during appointment

**Fracture History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Index Fracture site | date | Hip | Spine | Non-hip/spine |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

Index Fragility Fracture(s) that led to FLS contact (Type of fracture) Fragility ☐ Atypical ☐

**Ask “How did {the index} fracture(s) happen?”** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ask “Is the fracture still giving you any issues {symptoms}?”** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ask “Is the fracture affecting any activities at home (washing, dressing etc - activities on daily living?)”** \_\_\_\_\_\_\_\_

**Ask “Has the fracture had impact on your wellbeing and mood?”** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Fractures**

Sites and dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height loss more than 2 inches Yes ☐ No ☐

At time of index fracture, patient on/taking bone sparing therapy? Yes ☐ No ☐

 Name of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Give dates, and if stopped give reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past Medical History**

|  |
| --- |
|  |
|  |
| **Major Fracture Risks** | **YES**  | **NO** |
| Previous fragility fracture history in adulthood |  |  |
| Family history of hip fracture |  |  |
| Current smoker  |  |  |
| Glucocorticoids currently or previously > 3 months |  |  |
| Rheumatoid Arthritis |  |  |
| Alcohol > 3 units Daily |  |  |

**Menopausal status:** pre / peri / post / NA Age of menopause: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Secondary Fracture Risks eg early menopause, diabetes, primary hyperparathyroidism, hypogonadism** |
|  |  |
|  |  |
|  |  |

**Gastric problems**

|  |
| --- |
|  |

**Dental health**

|  |
| --- |
|  |

**Medication**

|  |
| --- |
|  |

**Allergies**

|  |
| --- |
|  |

**Social History**

Dietary intake of calcium: optimal / suboptimal

**Pre-fracture mobility**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Freely mobile without aids |  | Mobile outdoors with one aid |  | Mobile outdoors with two aids or frame |  |
| Some indoor mobility but never goes outside without help |  | No functional mobility (using lower limbs) |  | Not recorded |  |
| Walking aids used |  |  |  |  |  |

**Ask “Are you normally independent at home (in activities daily living?)”**  Yes ☐ No ☐

**Ask “Are you currently working? Has this been affected by your fracture?”** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ask “What social support do you have?”** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ask “What worries or concerns do you have?”** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Falls**

How many falls in last 6 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SCORE 1 FOR EVERY CATEGORY AND TOTAL AT THE BOTTOM OF THE TWO COLUMNS**  | YES | NO |
| **1.** | Is there a history of any fall in the previous year? |  |  |
| **2.** | Is the patient on four or more medications per day |  |  |
| **3.** | Does the patient have a diagnosis of stroke or Parkinson’s |  |  |
| **4.** | Does the patient report any problems with their balance? |  |  |
| **5.** | Is the patient **unable** to rise from a chair of knee height without using their arms? Ask the person to stand up from a chair of knee height without using their arms. |  |  |
| **TOTAL NUMBER OF YES ANSWERS**Nandy S *et al* (2004). Development and preliminary examination of the predictive validity of the Falls Risk Assessment Tool (FRAT) for use in primary care. *Journal of Public Health;***26** (2); 138 – 143 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Any dizziness and/or blackouts? | Yes |  | No |  | Not recorded |  |
| Vision | Abnormal |  | Normal |  | Not recorded |  |
| Continence and toileting | Abnormal |  | Normal |  | Not recorded |  |
| Abnormal cardiovascular assessment result | Yes |  | No |  | Not recorded |  |
| Prescription of meds which increase falls risk | Yes |  | No |  | Not recorded |  |
| Fear of falling at time of assessment | Yes |  | No |  | Not recorded |  |

**Cognition**

Have you had any problems with your memory in the past 12 months which has affected your everyday life?

 Yes ☐ No ☐ Diagnosis known ☐

 If yes, complete 6CIT (if scored over 8, refer to memory service) ☐

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The ‘6CIT’ Test | **Maximum error** | **Error Score** |  | **Weighting** |  | **Weighted Score** |
| 1. What year is it now? | 1 |  | x | 4 | = |  |
| 2. What month is it now? | 1 |  | x | 3 | = |  |
| Memory Phrase: *Repeat after me “John / Brown / 42 / West Street / Bedford”* |
| 3. About what time is it (within 1 hour)? | 1 |  | x | 3 | = |  |
| 4. Count backwards from 20 to 1 | 2 |  | x | 2 | = |  |
| 5. Say the months of the year in reverse order | 2 |  | x | 2 | = |  |
| 6. Now repeat [The Memory Phrase] | 5 |  | x | 2 | = |  |
| (Score 1 for each incorrect response) |  | Total  | **=** |  |

Any observations pertinent to results (e.g. Hearing aid worn?; Full consent to testing?; Currently taking medication which may affect alertness?; Depression ruled out?; Anxiety?)

**Investigations**

Current height (metres) \_\_\_\_\_\_\_\_\_ Current weight (Kg) ­­­\_\_\_\_\_\_\_\_\_ BMI \_\_\_\_\_\_\_\_\_\_

**DEXA/FRAX**

**DEXA Status:** Ordered ☐ Recommended ☐ Done in last 24 months ☐ Not ordered because (tick below):

Declined ☐ Not Appropriate ☐ Not available ☐ Referred to GP ☐ Referred Elsewhere ☐ Don’t Know ☐

|  |  |  |
| --- | --- | --- |
| **L1 – L4** | T Score:  | Z Score: |
| **Total Hip** | T Score:  | Z Score: |
| **Femoral Neck** | T Score:  | Z Score: |
| **Other:** | T Score:  | Z Score: |

Date of DEXA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or DNA ☐

Lowest T Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Femoral neck BMD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vertebral fracture assessment indicated? Yes ☐ No ☐ **and** Performed? Yes ☐ No ☐

The patient’s DEXA Scan Demonstrates: Osteoporosis ☐ Osteopenia ☐ Normal BMD ☐

Was the patient’s risk of fracture assessed using FRAX or Q-Fracture? Yes ☐ No ☐ Not Applicable ☐

10 Year Major Fracture Risk \_\_\_\_\_\_\_\_\_\_% 10 Year Hip Fracture Risk \_\_\_\_\_\_\_\_\_\_%

Is either risk above NOGG threshold? Yes ☐ No ☐

**Blood Tests**

None ☐

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Requested?**  | **Normal** |  | **Requested?**  | **Normal** |
| Adjusted Calcium/bone |  | Yes / No | Coeliac |  | Yes / No |
| eGFR |  | Yes / No | PSA |  | Yes / No |
| Vit 25 (OH) D |  | Yes / No | TFTs |  | Yes / No |
| LFTs |  | Yes / No | Serum Testosterone |  | Yes / No |
| ESR |  | Yes / No |  |  |  |
| Igs and Protein Electrophoresis |  | Yes / No |  |  |  |
| Other |  | Yes / No |  |  |  |

**Information**

**Ask “What are your thoughts about osteoporosis?”** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ask “What are your thoughts about your own bone strength?” (i.e. do they think they are at risk of fracture)**

|  |
| --- |
| **Give information tailored to patient existing knowledge, beliefs and concerns…** |
| What osteoporosis is and why it is important (consequences of fracture) |  | Patient’s bone health (DXA and FRAX) - DXA Scan Explained  |  | Patient’s risk factors or causes |  |
| Explain that knowing you have osteoporosis is a good thing because it is treatable |  | Nutrition |  | Exercise for bone strength |  |
| Falls Prevention  |  | Supplements - Vitamin D Advice  |  | Smoking |  |
| Local support/helpline |  | Sensible Alcohol Intake  |  | Fracture care or support eg spine caring exercise or advice, addressing any fracture-related issues |  |
| ROS Signposting  |  | Other |  |  |  |

**Initiation – Medication Section**

**Ask “Do you prefer to make decisions about medicines or be guided (by me)?”** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ask “Do you have any thoughts or concerns about osteoporosis medicines?”** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bone Therapy/ Supplements recommended and discussed**

**Recommended medicine**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Discussed** |  | **Aspects discussed** | **Yes** |
| Alendronate |  |  | What medicine achieves (works silently) |  |
| Risedronate |  |  | Common and severe side effects |  |
| Ibandronate |  |  | What is involved |  |
| Etidronate |  |  | Duration |  |
| Zoledronate |  |  | How monitored |  |
| Raloxifene |  |  |  |  |
| Teriparatide |  |  |  |  |
| Strontium |  |  |  |  |
| Denosumab |  |  |  |  |
| Systemic Oestrogens |  |  |  |  |
| Systemic Oestrogen & Progesterone |  |  |  |  |
| Calcitriol |  |  |  |  |
| Alfacalcidol |  |  |  |  |
| Romosozumab |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Alternative outcome** | **Yes** |  | **Calcium and vitamin D** | **Yes** |
| Inappropriate |  |  | Inappropriate |  |
| Don’t know |  |  | Don’t know |  |
| Informed decline |  |  | Informed decline |  |
| Referred to GP to decide prescription |  |  | Referred to GP to decide prescription |  |
| Referred for further clinical opinion |  |  | Referred for further clinical opinion |  |

**Patient willingness:** willing to take / informed decline / unsure

**Ask “Do you have any questions?”** (state these) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Onwards Referrals**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medical Falls clinic |  | Therapy led falls clinic |  | Medical osteoporosis clinic |  |
| Strength & Balance Exercise program |  | Medication review with modification |  | Declined |  |
| Home hazard assessment |  | Referred to other specialist |  | Don't know |  |
| Physiotherapy |  | Vision assessment and referral |  | Not appropriate or required |  |

**Follow Up**

FLS follow up required? Yes ☐ No ☐ Recommended next DXA: 3yr / 5yr / other \_\_\_\_\_\_\_\_\_\_

Further notes: