**Fracture Liaison Service Follow up Assessment Form**

Follow up date: 4 months  12 months

**Commentary**

Hello! My name is [insert name] I have phoned you because you came to the osteoporosis clinic at [name of hospital] on [date of admission] and were recommended to start on medication for your bones. Today I am going to ask you some follow up questions.

We will use this additional information you provide today to assess whether you need a further follow up phone call or a 3/5 year care plan.

[Name of hospital] and the National Osteoporosis Society are working together to ensure that all patients who break a bone, following a simple fall, receive appropriate advice and/or treatment to prevent further fractures in the future.

In the future we hope to contact you to assess whether any treatment or advice we have given you has been effective. This is part of your routine NHS care.

**Follow up interval (at 4 and 12 months)**

1. What medication are you taking for your bones?

* Weekly alendronate / alendronic acid / Fosamax
* Weekly risedronate / Actonel
* Monthly ibandronate / Boniva
* Daily alendronate / alendronic acid / Fosamax
* Daily risedronate / Actonel
* Didronel PMO / Etidronate

1. If you are on a form of “oral bisphosphonate”, do you take the tablet as recommended i.e. daily, weekly or monthly?

* Never
* Sometimes (<50% of the time)
* Usually (50-80% of the time)
* Always (80% or more of the time)

1. Do you take the tablet first thing in the morning after an overnight fast? Y  N
2. Do you take the tablet with tap water ONLY? Y  N
3. Are you able to swallow the tablet whole? Y  N
4. Do you remember to not to take food or ANY other medications for at least 30 minutes after:

* Never
* Sometimes (<50% of the time)
* Usually (50-80% of the time)
* Always (80% or more of the time)

1. Do you remain sitting or standing for 30 minutes after taking? Y  N
2. Have you experienced heartburn since starting the medication? Y  N
3. Have you experienced any difficulty swallowing since starting the medication? Y  N
4. Have you experienced any thigh pain since starting your medication? Y  N
5. Have you experienced any other side effects since starting the mediation? Y  N

**(If questions 2-11 were not positive answers refer to the fracture liaison nurse)**

12. Are you on any other medication to protect your bones?

* Subcutaneous Denosumab / Prolia
* Raloxifene / Evista
* Strontium ranelate / Protelos
* Hormone replacement therapy
* Teriparatide / Forsteo
* Intravenous zoledronic acid / Aclasta
* Intravenous ibandronate / bonviva
* Other: please specify

13. Do you take this medication as recommended?

* Never
* Sometimes (<50%)
* Usually (50-80%)
* Always (80 %+)

**Calcium & vitamin D supplements**

*If you have been told by a doctor to AVOID calcium and/or vitamin D supplements go to Q 19*

1. If you are on a vitamin D only medication, do you take this as recommended?

* Never
* Sometimes (<50%)
* Usually (50-80%)
* Always (80 %+)

15. If you are on a prescribed calcium/vit D supplement (i.e. Adcal D3, Calcichew D3 forte, Calceos etc.), do you take this as directed?

* Never
* Sometimes (<50%)
* Usually (50-80%)
* Always (80 %+)

1. If you take your calcium & vitamin D tablets do you take them as originally instructed in divided doses with food? Y  N
2. If you take calcium & vitamin D do you avoid taking them at the same time as your weekly/monthly tablet? Y  N
3. Do you take other steps to ensure adequate calcium/vitamin D in your diet either by consuming particular foods or taking over-the-counter supplements?

* Never
* Sometimes (<50%)
* Usually (50-80%)
* Always (80 %+)

**(Again refer to the fracture liaison nurse if any of the above are negative)**

1. Have you broken any bones since you were last seen by the FLS?

Y  N  if yes what was the date of fracture?

1. Have you had any further falls since you fractured and came to the FLS?

Y  N  if yes what was the date of fall?

1. Were you referred for any strength and balance classes or a physiotherapist to help reduce your risk of falls?

Y  N  if yes, have you started the classes or when do they start? ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your mobility returned to your pre=fracture level?

Y  N if no can you explain how it is different \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Again, refer to the fracture liaison nurse if any of the above are negative)**

1. What is your residential status?Own home/ sheltered housing/residential home/Nursing care/Rehabilitation unit or hospital bed in the trust/rehabilitation unit or bed in NHS funded care home/acute hospital/unknow/other­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Outcome**

*Please select one or more of the following:*

* Put information on FLS DB
* Put on hospital system of recording
* Referred to falls team
* Asked patient to ring GP urgently
* Send information
* Ask GP to change medication ie.alendronate to risedronate to see if tolerated better
* Arrange for patient to see the fracture liaison nurse
* Arrange for patient to see the doctor and/or nurse in metabolic bone clinic

**Patient to be contacted in**

* 1 month
* 3 months
* 12 months
* as agreed

**Follow Up Letter to GP/Patient**

This patient has been previously seen by the Fracture Liaison Service. They were contacted to discuss thier bone health medication.

* The patient is complying properly with all instructions regarding bone health medication
* I have given the patient further advice regarding taking their medication and hope compliance with the bone health medication will improve
* I have asked the patient to come see you to suggest a change of medication
* I have made arrangements for your patient to see the fracture liaison nurse
* I have referred your patient to the bone health clinic for a full review by our nurse/doctor

**Additional notes**

Telephone call made by on at