Osteoporosis Care Plan

PATIENT INFORMATION

Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender:

◯ Male ◯ Female

Medical History:

Current Medications:

TREATMENT GOALS

Goal 1:

Goal 2:

Goal 3:

CARE PLAN COMPONENTS

A. Lifestyle Recommendations:

B. Medication Management:

C. Bone Density and Fall Care Strategies:

Documentation and Communication:

Patient Education and Engagement: