

Project Healthy Bones Action Plan

Name/Identifier: _____ **Date:** _____

During the education portion of Project Healthy Bones, you will be asked to visit a variety of health care providers, and you will learn about various questions to ask these providers. Please place a check mark next to each follow-up action item that you complete. Please return this form to your peer-leader before the last class.

Visits to Healthcare Providers

- I talked with my doctor about osteoporosis and/or the medications I take for osteoporosis and other diseases.
- I discussed my medications with my pharmacist.
- I had my foot health checked by a podiatrist.
- I had my vision checked by an optometrist or ophthalmologist.
- I had my hearing tested by an audiologist or hearing technician.

Changes Made to Improve Bone Health and Reduce the Risk of Falling

- I stopped/modified medications that may weaken my bones or increase my fall risk.
- I started taking a medication for osteoporosis.
- I had a DXA scan (my results were _____).
- I had my vitamin D concentration tested (my concentration was _____).
- I am eating more calcium-rich foods.
- I started taking a calcium supplement or changed how I take one.
- I added a vitamin D supplement or changed how I take one.
- I drink more water to improve hydration.
- I changed how I care for my feet (ex: seeing a podiatrist regularly; proper footwear).
- I changed how I care for my vision and hearing (ex: yearly check-ups; wearing glasses/contacts if needed; wearing a hearing aid if needed; etc.).
- I made changes in/around my home to make it safer and decrease my risk of falling.
- I move more safely (ex: minimizing forward bending movements; posture; etc.).