**Treatment Log – Usual Care**

**□**The participant attended **□**The participant did not attend

**Please tick all areas covered in this session:**

***Assessment / Advice***

|  |
| --- |
| **□** Usual care assessment form completed  **□** General information regarding bone, osteoporosis and vertebral fracture and advice regarding lifestyle choices given, following the PROVE advice and education booklet.  **□** National Osteoporosis Society (NOS) leaflet: *Healthy living for strong bones* provided. |

Any additional comments ………………………………………………………………….....

……………………………………………………………………………………………………………….

Therapist’s Signature………………………………………………

Print Name………….………………………………………………….

Physiotherapy Centre……………………………………………...