ONE TOPIC: PATIENT EDUCATION RECORD

Persons Present: ☐ Patient ☐ Partner ☐ Family _____ ☐ Friend _____ ☐ Other _____

Primary Learner (if other than patient): _____ ☐ Interpreter Present

EVIDENCE OF TEACHING based on patient's needs and concerns

What was taught (note summary below)

How was it taught

☐ Verbal information provided

☐ Written information provided

☐ Class/group session

☐ Task demonstrated

☐ Audio/Visual teaching tool used:

_____

EVIDENCE OF LEARNING

Outcome met

☐ Describes/able to restate information shared

☐ Demonstrates task(s) or ☐ Uses device(s)

☐ With help

☐ Independently

☐ Indicates understanding of topic

If outcome not met *(see follow-up plan)*

☐ Unable to understand:

Barriers: ☐ Education ☐ Cognitive ☐ Language ☐ Emotional ☐ Culture ☐ Physical

☐ Refuses information

☐ Needs further instruction

FOLLOW UP PLAN & NEEDS *(if applicable)*

☐ Contact support/family for education

☐ Follow up/referral:

☐ Reinforce specific content:

☐ Additional topics to be covered:

SIGNATURE	DATE	TIME

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ONE TOPIC: PATIENT/FAMILY EDUCATION RECORD

UH 1124 MAR 98

DATE AND HOUR	PROB NO.	NOTES

PT. NO.

NAME

DOB

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ONE TOPIC: PATIENT/FAMILY EDUCATION RECORD

UH1124 MAR 98 BACK

TWO TOPICS: PATIENT EDUCATION RECORD

Persons Present: ☐ Patient ☐ Partner ☐ Family _____ ☐ Friend _____ ☐ Other _____

Primary Learner (if other than patient): _____ ☐ Interpreter Present

EVIDENCE OF TEACHING based on patient's needs and concerns

TOPIC 1 **What was taught** *(note summary below)*	**How was it taught**	*TOPIC 2* **What was taught** *(note summary below)*	**How was it taught**
	☐ Verbal information provided ☐ Written information provided ☐ Class/group session ☐ Task demonstrated ☐ A/V teaching tool used: _____		☐ Verbal information provided ☐ Written information provided ☐ Class/group session ☐ Task demonstrated ☐ A/V teaching tool used: _____

EVIDENCE OF LEARNING

Outcome met	**If outcome not met** *(see follow-up plan)*	**Outcome met**	**If outcome not met** *(see follow-up plan)*
☐ Describes/restates information shared ☐ Demonstrates task(s) or ☐ Uses device(s) ☐ With help ☐ Independently ☐ Indicates understanding of topic	☐ Unable to understand: Barriers: ☐ Education ☐ Cognitive ☐ Language ☐ Emotional ☐ Culture ☐ Physical ☐ Needs more instruction ☐ Refuses information	☐ Describes/restates information shared ☐ Demonstrates task(s) or ☐ Uses device(s) ☐ With help ☐ Independently ☐ Indicates understanding of topic	☐ Unable to understand: Barriers: ☐ Education ☐ Cognitive ☐ Language ☐ Emotional ☐ Culture ☐ Physical ☐ Needs more instruction ☐ Refuses information

TEACHING FOLLOW UP PLAN & NEEDS *(if applicable)*

☐ Contact support/family for education ☐ Follow up/referral: ☐ Reinforce specific content:	☐ Additional topics to be covered:	☐ Contact support/family for education ☐ Follow up/referral: ☐ Reinforce specific content:	☐ Additional topics to be covered:

SIGNATURE	DATE	TIME

PT NO.

NAME

DOB

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TWO TOPICS: PATIENT/FAMILY EDUCATION RECORD

UH 1125 MAR 98

DATE AND HOUR	PROB NO.	NOTES

FLOW SHEET: PATIENT EDUCATION RECORD

EVIDENCE OF TEACHING based on patient's needs and concerns	DATE					
	INITIALS					
	PERSONS PRESENT					
FILL IN TOPIC HERE		FILL IN METHODS AND OUTCOME INITIALS HERE				

	KEY: USE ALL THAT APPLY FROM EACH LIST	INTERDISCIPLINARY TEAM MEMBER'S INITIALS/SIGNATURE	INTERDISCIPLINARY TEAM MEMBER'S INITIALS/SIGNATURE
Persons Present:	PT-Patient P-Partner FA-Family FR-Friend O-Other		
Methods:	AV-Audio/Visual Tools T-Task Demonstrated C-Class/Group W-Written Materials I-Individualized Teaching (One-on-One)		
Outcomes; Follow-up:	V-Verbalized Understanding RD-Return Demonstrated D-Describes/Able to Restate F-Further Instruction/Reinforcement Needed		

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PATIENT/FAMILY EDUCATION RECORD FLOWSHEET

UH 1123 APR 98

EVIDENCE OF TEACHING -based on patient's needs and concerns	DATE					
	INITIALS					
	PERSONS PRESENT					
FILL IN TOPIC HERE		FILL IN METHODS AND OUTCOME INITIALS HERE				

	KEY: USE ALL THAT APPLY FROM EACH LIST	INTERDISCIPLINARY TEAM MEMBER'S INITIALS/SIGNATURE	INTERDISCIPLINARY TEAM MEMBER'S INITIALS/SIGNATURE
Persons Present:	PT-Patient P-Partner FA-Family FR-Friend O-Other		
Methods:	AV-Audio/Visual Tools T-Task Demonstrated C-Class/Group W-Written Materials I-Individualized Teaching (One-on-One)		
Outcomes; Follow-up:	V-Verbalized Understanding RD-Return Demonstrated D-Describes/Able to Restate F-Further Instruction/Reinforcement Needed		

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PATIENT/FAMILY EDUCATION REDORD FLOWSHEET

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