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PLACE LABEL HERE.
FEBRUARY 2008
FORM NO. 050105

PATIENT AND FAMILY EDUCATION (AMBULATORY / SUPPLEMENTAL)

No formal teaching provided. OR When teaching provided, complete: IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

Barriers: None Cognitive Education/Literacy Emotional / Poor Motivation Language / Cultural Sensory
 Other _____

Taught: Patient Significant Other/Family Other _____

Method: Demonstration Explanation Handout/Video (list below)
Used Teachback Interpreter _____

Response: Understands/Demonstrates Needs review/reinforcement
 No evidence of learning-Plan _____

Topic	Specific Content - Handout/Video Name - Comments
<input type="checkbox"/> Diagnosis / Illness	_____
<input type="checkbox"/> Diet / Nutrition	_____
<input type="checkbox"/> Discharge / Follow-up	_____
<input type="checkbox"/> Equipment / Supplies	_____
<input type="checkbox"/> Medications <input type="checkbox"/> Micromedex	_____
<input type="checkbox"/> Pain Management	_____
<input type="checkbox"/> Pre-op / Procedure	_____
<input type="checkbox"/> Safety / Activity	_____
<input type="checkbox"/> Self-care	_____
<input type="checkbox"/> Tube / Drain / Wound Care	_____
<input type="checkbox"/> Other	_____

Name/Signature/Title _____ Date/Time _____

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