_____ County
HOSPITAL

Interdisciplinary Education

Patient/Family Learning Needs:_____

_____

Factors that may influence patient's ability and readiness to learn:

❏ None ❏ Culture ❏ Religion ❏ Emotional Barriers ❏ Language Barriers ❏ Motivation

❏ Hearing/Vision/Speaking Impairment ❏ Cognitive Limitation ❏ Psychological Factors ❏ Physical Limitations

❏ Financial Implications of Care Choices   Explanation: _____

Preferred methods of learning ❏ Verbal ❏ Written ❏ Audio Visual ❏ Demonstration

Is patient a minor? ❏ Yes ❏ No   If yes, do the patient's academic needs require addressing?

Signature: _____

KEY:	Taught to whom:	Methods:	Department Codes:	P - Pharmacy	Evaluation:
	P - Patient	W - Written	D - Dietary	PT - Physical Therapy	RT - Reteach
	F - Family	P - Pamphlet	F - Financial Services	R - Radiology	NP - Needs Practice
	O - Other	D - Demonstrated	L - Laboratory	RC - Respiratory Care	RC - Reinforce Content
	(If family member or	F - Film/Video	MD - Physician	S - Social Services	NT - No further teaching required
	other identify person)	V - Verbal Discussion	N - Nursing	ST - Speech Therapy	

Response: V - Verbalizes Understanding   VP - Verbalizes Partial Understanding   RI - Returns Demo. Independently
RA - Returns Demo. with Assistance   NC - Noncompliant   U - Unable to Learn

DEPT. CODE	TAUGHT TO	METHOD	RESPONSE	EVALUATION	SUBJECT	Date/Time	INTERDISCIPLINARY NOTES

Rev 4/03

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