

Memorial  
Hospital

DATE

IMPRINT WITH PATIENT CHARGE SLIP

**PATIENT EDUCATION PLAN  
AND TEACHING RECORD**

*Readiness To Learn: Assessment of Patient and/or Significant Other (Please make additional comments in the progress notes)*

**PATIENT:**  
 Language:  English  Spanish  Other \_\_\_\_\_  
                Speaks  Reads  Write  
 Learning Barriers:  None  Hearing  Speech  
                           Vision  Cognitive  Desire  Motivational  
 Preferred Method:  Oral  Written  
                           Visual  Kinesthetic

**SIGNIFICANT OTHER:**  
 Language:  English  Spanish  Other \_\_\_\_\_  
                Speaks  Reads  Write  
 Learning Barriers:  None  Hearing  Speech  
                           Vision  Cognitive  Desire  Motivational  
 Preferred Method:  Oral  Written  
                           Visual  Kinesthetic

Goals Mutually Set	Patient Teaching Goals	Date / Initials	Outcome	Date / Initials	Outcome Update	Date / Initials
(Circle One) Patient Significant Other Both	<b>Personal Hygiene:</b> _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
(Circle One) Patient Significant Other Both	<b>Activity Level:</b> _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
(Circle One) Patient Significant Other Both	<b>Nutrition / Diet:</b> _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
(Circle One) Patient Significant Other Both	<b>Psycho-social Adjustment:</b> _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____

**OUTCOME EVALUATION KEY CODES**

N / A - Not Applicable  
 IND - Independent

VB - Verbalizes  
 DEM - Demonstrates

AR - Assistance Required  
 RV - Needs Review  
 RF - Referred to Support Services

