

**UNIVERSITY MEDICAL CENTER – INSTITUTE FOR BREAST CARE –
PATIENT SUMMARY**

Name		MRN	DATE	SIGNATURE		DATE	SIGNATURE
Allergies		Referring MD					
Breast Surgeon							
Prob.	DATE	MED/SURG. PROBLEM	Active	Adj. Treatment			Compl. Date.
1				Chemo Tx <input type="checkbox"/> Yes <input type="checkbox"/> No			
2				Rad. Tx <input type="checkbox"/> Yes <input type="checkbox"/> No			
3				Referrals			
4				Date	Name	Service	
Breast Imaging							
Date	Type	Results	F/U				
Temp. Problem List							
				Prob. #	Date	Date of Recurrence	
						1	2 3
				1			
				2			
				3			
				4			
Procedures (Needle Procedure)				Hospitalization			
Date	Type	Result	Date	Reason			
Medication Prescribed							
			Medication	Dose	Prob#	Date	Refill Date Refill Date
Surgical Treatment							
Date	Procedure						

**UNIVERSITY MEDICAL CENTER
INSTITUTE FOR BREAST CARE – OUTPATIENT
PATIENT / FAMILY EDUCATION**

Patient Name _____

M.R.# _____

ASSESSMENT	LEARNER	TEACHING METHOD	BARRIERS TO LEARNING*	LEARNER OUTCOME
Preferred Language: _____ Will an interpreter be needed? _____ Special Needs? _____ Learns best by: <input type="checkbox"/> Demonstration <input type="checkbox"/> Discussion <input type="checkbox"/> Reading <input type="checkbox"/> Other	P – Patient SO – Significant Other F – Family CG – Care Giver	V – Verbal D – Demonstration AV – Audiovisual P – Phone IW – Individual / Written BW – Brochure / Written GAV – Group / Audio Visual GV – Group / Verbal	1. Language / communication 2. Fatigue 3. Pain 4. Cognitive Impairment 5. Impaired Hearing / Speech/ Vision 6. Denial of Condition State 7. Cultural / Religious Beliefs 8. Anxiety 9. No Barriers 10. Other	V – Verbalizes Understanding SD – Successfully Demonstrates RR – Requires Reinforcement SP – See Program Notes

Using the scale of 1 being excellent, 2 being good and 3 being poor have the patient rate their ability to:

Speak preferred Language _____ Read preferred language _____ Write preferred language _____

Rate their memory _____ Rate their attention span _____

All letter and number codes should be entered in the appropriate columns

Date	Instructions / Education	Learner	Method	Barriers	Outcome	Initial
	Emergency phone numbers and procedures: Breast Center & Private M.D. #'s & procedures					
	Disease Process / Treatment Plan					
	Health promotion / Wellness: Breast Self Exam					
	Nutrition / Diet / Charges:					
	Medications / Side Effects / Interactions:					
	Daily activities:					
	Diagnostic Testing:					
	Pain Education:					
	Community / Referral / Prescription / Follow-up					
	Discharge Instructions given to patient					
	Patient Education materials given					

* If barrier are identified indicate management in progress notes e.g., Interpreter, clergy, referral, home health etc.
→ Indicates additional information relating to patient / family, education documented on reverse side.

RN SIGNATURE	Initials	RN SIGNATURE	Initials	RN SIGNATURE	Initials