

Name: _____
 DOA to floor: _____ Age _____
 Primary Diagnosis: _____
 Secondary Diagnosis: _____

Barriers to learning:
 Language _____ Cognition _____
 Hearing _____ Vision _____
 Level of consciousness _____
 Non-compliance _____
 Others _____

Patient Education Record

Date	Time	Health issue/Topic addressed	How was information provided*.	Teach Back Technique used (Y/N)	Follow-up required (Y/N)	Date of follow-up	Reason for inability to deliver teaching

*Intervention key: 1=Discussion, 2= demonstration, 3=hand out, 4=translator

Medication Teaching

Date	Time	Name of Medication	Is this a new medication? (Y/N)	New Medication Form completed (Y/N) If no then how was information provided?	Teach Back Technique Used (Y/N)	Follow-up required (Y/N)	Date of follow-up	Reason for inability to deliver teaching

*Intervention key: 1=Discussion, 2= demonstration, 3=hand out, 4=translator

For more information, go to www.healthliteracynow.org