

**YOUR HOSPITAL**  
**PATIENT TEACHING RECORD**

(Addressograph)

<b>LEARNING BARRIERS:</b>				<input type="checkbox"/> No Learning Barriers
<input type="checkbox"/> Impaired Vision	<input type="checkbox"/> Language Barrier	<input type="checkbox"/> Impaired Thought Process	<input type="checkbox"/> Financial Difficulties	
<input type="checkbox"/> Impaired Hearing	<input type="checkbox"/> Education Level	<input type="checkbox"/> Responsibilities at Home	<input type="checkbox"/> Religious Practices	
<input type="checkbox"/> Emotional Barriers	<input type="checkbox"/> Desire/Motivation to Learn	<input type="checkbox"/> Cultural Differences	<input type="checkbox"/> Other _____	

ASSESSMENT			INFORMATION TAUGHT/	DATE TAUGHT	WHO WAS TAUGHT	INITIALS	TOOLS	PATIENT UNDERSTANDING	EVALUATION/COMMENTS
✓	DATE	INITIALS							

<b>DISCIPLINE:</b>									

INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE

**ASSESSMENT:** ✓ = Assessment Reveals Teaching Subject is Applicable to this Patient; N/A = Not necessary for this patient

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| <p><b>PATIENT UNDERSTANDING CODES:</b></p> <ul style="list-style-type: none"> <li>0 = Patient is Not Receptive to Teaching</li> <li>1 = Unable to Verbalize Basic Concepts</li> <li>2 = Verbalizes Basic Concepts with Assistance</li> <li>3 = Verbalizes Basic Concepts without Assistance</li> </ul> | <p><b>CODES FOR WHO WAS TAUGHT:</b></p> <ul style="list-style-type: none"> <li>Pt = Patient</li> <li>S = Spouse</li> <li>M = Mother</li> <li>F = Father</li> <li>D = Daughter</li> <li>Sn = Son</li> <li>C = Caretaker</li> <li>O = Other</li> </ul> | <p><b>CODES FOR TEACHING TOOLS USED:</b></p> <ul style="list-style-type: none"> <li>A = Audio</li> <li>V = Video</li> <li>P = Printed</li> <li>O = Oral</li> </ul> |
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