EDUCATION NEEDS

Circle appropriate letter: G - Good *(Alert, Interested, Motivated)* **F - Fair** *(Mild Discomfort, Physical Impairment, Low Acceptance)*
P - Poor *(Depression, Low Motivation, Non-Acceptance of Disease)* **O - Other** *(Pain, Confused, Unresponsive)* **U - Unable to determine at this time**

Learning Readiness of the Patient	Ability to Understand Verbal Instructions	**G F P O U**	Explain:
	Ability to Understand Written Instructions	**G F P O U**	Explain:
	Motivation to Learn	**G F P O U**	Explain:
	Level of Education Achieved:		
Knowledge of Home Medications	**Circle apporpriate letter: Y—Yes N—No U—Unable to determine at this time** *(Give explanation, if applicable)*		
	Knows When to Take Medications	**Y N U**	Explain:
	Knows Reason Medication(s) Prescribed	**Y N U**	Explain:
Understanding Of Condition	Understands Diagnosis	**Y N U**	Explain:
	Understands Treatment Plan	**Y N U**	Explain:
Factors Affecting Learning	Language Barrier	**Y N U**	Explain:
	Emotional Barrier	**Y N U**	Explain:
	Physical Barrier	**Y N U**	Explain:
	Reading Barrier	**Y N U**	Explain:
	Sensory Barrier (Visual, Auditory)	**Y N U**	Explain:
	Cognitive Barrier	**Y N U**	Explain:
	Age Related Concerns	**Y N U**	Explain:

	Check all that apply:						
Learning Preferences	Audio		Visual		Hands-On		
	Other:						
Patient Support System for Learning	Spouse		Friend		No Support		
	Family Member		Home Health		Other:		
	Name(s) of person(s) to be included in education:						
Educational Goals "The patient will have..."	Knowledge regarding health care options		Ability to carry out healthcare skills		Enhanced role in own continuing care		
	Ability to follow therapeutic healthcare plan		Ability to cope with health status/ prognosis / outcomes		Knowledge of healthy lifestyle changes		

Comments:

RN Signature _____ **Date** _____