

# PATIENT/FAMILY EDUCATION FLOW SHEET

Date of initial assessment: \_\_\_\_\_

Signature: \_\_\_\_\_

**Able to read:** \_\_\_ Yes \_\_\_ No      **Learns best:** \_\_\_ Visual \_\_\_ Hearing \_\_\_ Doing

**Barriers:** \_\_\_ None \_\_\_ Language \_\_\_ Vision \_\_\_ Hearing \_\_\_ Psycho-Social \_\_\_ Cognitive \_\_\_ Readiness

Explain: \_\_\_\_\_

**Consideration:** \_\_\_ None \_\_\_ Cultural \_\_\_ Religious \_\_\_ Other (Explain): \_\_\_\_\_

**Evaluation code of patient's (P) and/or family's (F) response:**

**Family Members Name:** \_\_\_\_\_

V - Verbalizes content adequately

N/R - Not receptive to learning

D - Demonstrates procedure correctly

U/E - Unable to evaluate (brief reason)

SP - See progress note (Date)

R - Reinforcement needed

Date	Barriers Changed Yes    No _ If yes note changes	Topics/key points	Response	Signature/Service

**\*Requires Progress Note**

Patient ID

Patient/Family Education Flow Sheet Page Two

Date	Barriers Changed Yes                  No _ If yes note changes		Topics/key points	Response	Signature/Service