

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

(Addressograph)

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

ASSESSMENT			INFORMATION TAUGHT/	DATE TAUGHT	WHO WAS TAUGHT	INITIALS	TOOLS	PATIENT UNDER- STANDING	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

**PATIENT UNDERSTANDING CODES:**  
**0** = Patient is Not Receptive to Teaching  
**1** = Unable to Verbalize Basic Concepts  
**2** = Verbalizes Basic Concepts with Assistance  
**3** = Verbalizes Basic Concepts without Assistance

**CODES FOR WHO WAS TAUGHT:**  
**Pt** = Patient  
**S** = Spouse  
**M** = Mother  
**F** = Father  
**D** = Daughter  
**Sn** = Son  
**C** = Caretaker  
**O** = Other

**CODES FOR TEACHING TOOLS USED:**  
**A** = Audio  
**V** = Video  
**P** = Printed  
**O** = Oral



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