HARDIN COUNTY GENERAL HOSPITAL & CLINIC
Rosiclare, IL 62982

Patient Education Request & Follow-up

Date of request: _____ Referred By: _____

Patient Name: _____ Birthdate: _____

Address/Location: _____ Room# _____

Phone #: _____ Cell Phone #: _____

Patient's Provider: ☐ Sunga ☐ DeNeal ☐ Chatto ☐ Atkinson ☐ Birch ☐ Bose
☐ Other: _____

Diagnosis: _____ ☐ New or Changed

Education Requested: _____

Request/Route form to: ☐ Education Nurse ☐ Dietician ☐ Charge Nurse ☐ Clinic Nurse

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(This area for Educators use at time of education)

Date of Education: _____

Others being educated (spouse, etc.): _____

Factors influencing patient's ability to learn: ☐ None ☐ Cognitive impairment ☐ Motivation
☐ Religious/Cultural beliefs ☐ Hearing / Vision / Speaking impairment

Motivation to learn: ☐ Eager to learn ☐ Denies need for education ☐ Anxiety level interfering
☐ Uncooperative / disinterested

Education Provided: _____

Method of Teaching: ☐ Printed Materials ☐ Audio-Visual ☐ Demonstration
☐ One on One Explanation ☐ Other:_____

Attempts to contact patient:

1)_____

2)_____

3)_____

Education Evaluation: ☐ Voiced Understanding

☐ Needs Reinforcement

☐ Returned Demonstration

☐ Applied Knowledge