

RESIDENT/FAMILY EDUCATION RECORD

INSTRUCTIONS: Record the type of education needed, who was taught, method used and response to training. Note any education barriers and comments on next page. Identify signature and title on next page.

DOCUMENTATION CODES

Who Was Trained: R = Resident F = Family O = Other _____

EDUCATION NEEDS		TRAINING METHOD		RESPONSE TO TRAINING	
CR	Community Resources	D	Demonstration	Q	Questions Asked
DX	Diagnosis/Disease Process	P	Pamphlet	VR	Verbalized Recall/Understanding
DIET	Diet Instruction	TV	Video/Television	R	Restless/Difficulty Learning
EQ	Equipment	V	Verbal Instruction	DI	Seems Disinterested
FIN	Financial	W	Written Instruction	D	Denial/Resistance
IC	Infection Control	MED	Medication Instruction Sheet	DA	Demonstrated Ability
MED	Medication	GR	Group Work	NR	Needs Reinforcement
DC	Post-Discharge Care	O	Other _____	A	Attentive Verbal Response
REHAB	Rehabilitation		_____	REF	Refused
SAFE	Safety		_____	O	Other _____
RES	Self Care		_____		
PRO	Procedure/Treatment		_____		
O	Other _____			NA	Not Applicable

EDUCATION RECORD

Date	Who	Education Needs	Specific Information Taught	Training Method	Response to Training	Initials

NAME-Last _____ First _____ Middle _____ Attending Physician _____ Record No. _____ Room/Bed _____

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COMMENTS

© SAMPLE (800) 247-2343

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EDUCATORS/TRAINERS

INITIALS	SIGNATURE/TITLE	INITIALS	SIGNATURE/TITLE

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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