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 reverse. Identify signature and title on reverse. **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 Ρ **Pamphlet** VR Verbalized Recall/Understanding TV Restless/Difficulty Learning DIET Diet Instruction Video/Television R Seems Disinterested Equipment Verbal Instruction DI EQ V Denial/Resistance FIN D Financial W Written Instruction DA **Demonstrated Ability** IC Infection Control Medication Instruction Sheet MED MED Medication NR Needs Reinforcement GR Group Work Attentive Verbal Response DC Post-Discharge Care 0 Other_ Α REF Refused REHAB Rehabilitation Other Safety 0 SAFE **RES** Self Care **PRO** Procedure/Treatment 0 Other_ NA Not Applicable **EDUCATION RECORD** Training Education **Date** Who Specific Information Taught Response to Training Initials Method Needs

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

RESIDENT/FAMILY EDUCATION RECORD

COMMENTS					
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INITIALS	SIGNATURE/TITLE	INITIALS		SIGNATURE/TITLE	
NAME-Last	First Middle	Attending Physicia	ın	Record No.	Room/Bed