

Addendum to Patient Education Record

In addition to assessing the patient and/or family education needs, any barriers to education/training are also assessed using the information below:

Are there any patient and/or family barriers to education/training in the following areas?

(Chart each in progress notes)

- | | | |
|---|-----------------------------|------------------------------|
| Cultural barriers to education/training: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Religious barriers to education/training: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Emotional barriers to education/training: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Desire/motivation barriers to education/training: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Physical limitations to education/training: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Cognitive limitations to education/training: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Communication barriers to education/training: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Additional Comments:

Staff Signature: _____ Date: _____

Patient/Resident Name: _____