PATIENT EDUCATION RECORD

(Top section to be completed by patient/caregiver)

If other than patient, who:_____

Methodist Medical Group

120 NE Glen Oak Ave. • Suite 301 • Peoria, IL 61603

Tel: 309-671-5162 Clinic_____

Patient Name:_____ Date Completed:_____

1. Do you speak English as your first language? ☐Yes ☐No
   If no, what language do you speak?_____ Will you need an interpreter ☐Yes ☐No
2. Do you have difficulty reading/writing? ☐Yes ☐No
3. Do you have difficulty understanding verbal instructions? ☐Yes ☐No
   *If yes, please explain*_____
4. Do you have any social, cultural, religious beliefs or values that will impact your response to illness or health/educational needs? ☐Yes ☐No
   *If yes, please explain*_____
5. Check the box next to your preference for receiving educational information about your medical condition or other issues that could affect your health:
   ☐Verbally from your healthcare provider or nurse
   ☐Handout/brochure
   ☐Video (if available)

EDUCATION PROVIDED

(To be completed by Provider or Staff)

Date	Instruction to:		Topic	Learning Readiness			Tracking Method			Evaluation			Initials
	Patient	Family		Receptive	Non-Receptive	Denies Need	Verbal Instructions	Handout/ brochure	Video	Vocalized Understanding	Returned Demo	Needs Review	

EDUCATION PROVIDED

(To be completed by Provider or Staff)