PLASTIC & COSMETIC CENTER OF SOUTH TEXAS

INITIAL LEARNING ASSESSMENT

During your visit with our organization you will be presented with information that may be new to you. To aid in providing the best care possible please answer the following questions then return this form to the front desk.

Patient name: _____ Date: _____

How do you like to learn new things? Please check all that apply.

	Reading		Pictures/Diagrams
	Discussion		Hands On/Demonstration
	Videotapes		Self-Study
	Audiotapes		Other

Factors that can affect learning?	Yes	No	Comments
Do you speak English in your home?			If no, what language do you speak? Name of interpreter:
Can you read English?			
Can you write English?			
Do you hear well?			If no, do you utilize a hearing device? Yes _____ No_____
Do you see well?			If no, do you utilize glasses or contacts? Yes _____ No _____
Do you have any cultural or religious practice/beliefs that may affect your care or treatment?			If yes, explain.

Other comments: _____

Teaching/Learning needs identified.

Learners	Topics	Method of Delivery	Receptiveness to Learning	Level of Comprehension
PT = patient C = caregiver	1. Disease process (specify) 2. Medications 3. Diet 4. Procedure 5. Community Resources 6. Pain Management 7. Other	V = verbal W = written A = audiovisual D = demos 0 = other	1 = accepting 2 = indifferent 3 = ignores 4 = refuses	1 = objective fulfilled 2 = needs follow up 3 = unable to meet objective

Date	Learner	Teacher/Title	Topic Discussed	Method of Delivery	Receptive to Learning	Level of Comprehension	Needs review
							Y___ N___
							Y___ N___
							Y___ N___
							Y___ N___
							Y___ N___