1. Last Name | First Name | MI

NC Department of Health and Human Services
Public Health Nursing and Professional Development

PATIENT EDUCATION

2. Patient Number | | | | | | | | | | -- | H

3. Date of Birth | Month | Day | Year

4. Race ☐ 1. White ☐ 2. Black/African American ☐ 3. American Indian/Alaskan native ☐ 4. Asian ☐ 5. Native Hawaiian/Other Pacific Islander ☐ 6. Other

Ethnicity: Hispanic Origin? ☐ 1. Yes ☐ 2. No

5. Sex ☐ 1. Male ☐ 2. Female

6. County of Residence

Teaching Techniques

☐ Verbal ☐ _____
☐ Written ☐ _____
☐ Visual ☐ _____
☐ Needs frequent teaching or extra explanation
Special language needs: _____

PATIENT EDUCATION

BSE/TSE Date	Taught By/Reviewed By	Childbirth Date	Taught By	Parenting Date	Taught By

Contraceptive Method(s): Taught/Reviewed	Date/by:	Date/by:	Date/by:
Date/by:	Date/by:	Date/by:	Date/by:	Date/by:
Date/by:	Date/by:	Date/by:	Date/by:	Date/by:

Problem #/Topic	Date	Information	Method	Title(s) / Comments	Signature
			☐ Written ☐ 1:1 ☐ Video ☐ Class ☐ _____		
			☐ Written ☐ 1:1 ☐ Video ☐ Class ☐ _____		
			☐ Written ☐ 1:1 ☐ Video ☐ Class ☐ _____		
			☐ Written ☐ 1:1 ☐ Video ☐ Class ☐ _____		
			☐ Written ☐ 1:1 ☐ Video ☐ Class ☐ _____		

____

Patient Name, #, or DOB
or
Attach Patient Label Here

Problem #/Topic	Date	Information	Method	Title(s) / Comments	Signature
			☐ Written ☐ 1:1 ☐ Video ☐ Class ☐ ____________		
			☐ Written ☐ 1:1 ☐ Video ☐ Class ☐ ____________		
			☐ Written ☐ 1:1 ☐ Video ☐ Class ☐ ____________		
			☐ Written ☐ 1:1 ☐ Video ☐ Class ☐ ____________		
			☐ Written ☐ 1:1 ☐ Video ☐ Class ☐ ____________		
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			☐ Written ☐ 1:1 ☐ Video ☐ Class ☐ ____________		
			☐ Written ☐ 1:1 ☐ Video ☐ Class ☐ ____________		

PATIENT EDUCATION (DHHS 3993)

1-6 NAME, NUMBER, etc.	Attach the computer generated label in this space or emboss the information imprinted on the patient's plastic card. If a label or card is not available, manually record the following information: patient name, number, DOB (MM,DD,YY), race, ethnicity, gender, and county of residence.
TEACHING TECHNIQUES	Based on your assessment, identify the teaching techniques which will be most effective with or are preferred by this client. Use blank boxes to identify other specific suggestions.
BSE/TSE DATE	Circle Breast Self Exam (BSE) or Testicular Self Exam (TSE) and identify date teaching is provided/ reviewed.
TAUGHT BY/REVIEWED BY	Signature of health professional providing or reviewing BSE/TSE.
CHILDBIRTH DATE	Identify topic/session of childbirth education and date provided.
TAUGHT BY	Signature of health professional providing childbirth education.
PARENTING DATE	Identify topic/session of parenting education and date provided.
TAUGHT BY	Signature of health professional providing parenting education.
CONTRACEPTIVE METHOD(S)	Each time contraceptive method(s) is/are taught or reviewed, identify date and signature of health professional providing teaching/review.
HIV	Each time HIV is taught or reviewed, identify date and signature of health professional providing teaching/review.
PROBLEM #/TOPIC	Identify the number from the problem list or the teaching topic to be addressed
DATE	Identify date teaching provided.
INFORMATION	Identify any specific information on topic or problem # covered in this date's teaching.
METHOD	Check method(s) used in providing teaching. If the blank box is checked, write in approach used.
TITLE(S)/COMMENTS	Identify title(s) of any written materials/videos/etc. or add any other comments relevant to teaching.
SIGNATURE	Signature of health professional providing teaching.