

		QUALITY MANAGEMENT DOCUMENTS		Document No:HB-FR-92 Publication Date:20.02.2023 Revision No: 00 Revision Date: Page No:1/1	
		PATIENT EDUCATION FORM BEFORE TREATMENT			
PATIENT'S NAME AND SURNAME :		DEPARTMENT :			
PROTOCOL NO. :		AGE :			
DATE :		PERSON RECEIVING THE EDUCATION		EDUCATION PROVIDED	EDUCATION NOT PROVIDED
SUBJECT OF EDUCATION /INFORMATION					
Education about the course and treatment of the disease		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines to be used and usage rules		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Equipment and Medical Devices to be Used by the Patient		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education on Self-Care Needs such as Mobilisation, Defecation and Urine		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding, Milking and Storage		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercises		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition and Diet for Disease		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matters to be Considered by the Patient During Care Practices		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Hygiene and Prevention of Infections		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Cessation Advice Education		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Fall Prevention Education		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Identificatory Wristband		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste Segregation		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Patient Bed and Equipment		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION PROVIDED BY Name Surname / Signature					
INFORMATION					
Breakfast, snacks and meal times		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opinions, Suggestions, Complaints and Rules to be followed by Patients and Relatives		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting Hours and Rules (10:00 to 22:00)		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone/Television Usage		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet and Bathroom Use (Towel and shampoo request)		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Nurse Call System		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use and Importance of Hand Disinfectant in Patient Rooms		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator Use		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily Visits of the Physician		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Companion's Chair Usage		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Conditioner Use		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet Usage		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Rights		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department Emergency Plan		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient and Companion Information Videos		Patient <input type="checkbox"/>	Patient Relative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION PROVIDED BY Name Surname / Signature PERSON RECEIVING THE EDUCATION Name Surname / Signature					