

OZAUKEE SURGERY CENTER
SPINE PAIN DIAGNOSTICS ASSOCIATES
A Division of Wisconsin Michigan Physicians

INITIAL LEARNING ASSESSMENT

Name: _____ **Date:** _____

DOB: _____ **Physician:** Piryani Singh

MR#: _____

During your visit with our organization you will be presented with information that may be new to you. To aid us in providing this information to you in a manner that allows for optimal understanding, please answer the following questions.

1. How do you like to learn new things? Please check all that apply.
 Verbal Written Visual
2. Do you speak English in your home? Yes No
If no, what language do you speak? _____
Name of Interpreter: _____
3. Can you read English? Yes No
4. Can you write English? Yes No
5. Can you hear well? Yes No
If no, do you use a hearing device? Yes No
6. Do you need to receive information through sign language? Yes No
7. Do you see well? Yes No
If no, do you wear glasses or contacts? Yes No
8. Do you forget things easily? Yes No
9. Do you feel your level of pain interferes with learning? Yes No
10. Do you feel the need to have a family member or someone present during education? Yes No
11. Do you have any cultural or religious practices/beliefs that may affect our care or treatment? Yes No
If yes, please explain: _____

Patient Signature: _____ **Date:** _____

Staff Use Only

STAFF ASSESSMENT

1. Barriers to Patient Teaching/Learning:

- None Identified
- Reading Barrier
- Hearing Impairment
- Visual Impairment
- Cognitive Impairment
- Pain Level
- Cultural
- Lack of Motivation _____

OZAUKEE SURGERY CENTER
SPINE PAIN DIAGNOSTICS ASSOCIATES
A Division of Wisconsin Michigan Physicians

INITIAL LEARNING ASSESSMENT

Emotional _____

Other: _____

2. Patient / Family readiness to Learn:

Accurately explains reason for visit and relates medical history? Yes No

Verbalizes readiness and willingness to learn about plan of care? Yes No

3. Preferred Method of Learning:

Verbal Written Demonstration

4. Patient / Family verbalized understanding of information provided? Yes No

If no, please explain: _____

Comments: _____

Staff Signature: _____

Date: _____

Physician Signature: _____

Date: _____