



Education and Treatment Center

Patient Education Sheet (Form NO.2)

Unit Number:

Attending physician	Ward: Room:	Name	Family name
Date of admission	Bed:	Date of birth	Father's name:
Educational titles:	Date:	Time:	Physician training Nurse training
The amount, duration and the right use of the drug			
Nutrition (authorized and unauthorized foods, ...)			
Necessary care at home (wound care, surgical treatment and injured limb, etc.)			
When to visit the doctor:		where to visit the doctor:	
Delayed results of para-clinical tests			
Warning signs and symptoms that need to be referred immediately			
Seal and signature of the doctor		Seal and signature of the nurse	
Seal and signature of the patient/who accompanied by the patient			