



Patient and family education sheet discharge

Attending Physician:	Ward: Room: Bed:	Name:	Family name:
Date of Admission		Date of Birth	Father Name:

Nursing Care	Physician education			Drug Administration
	Method of drug use	Dose& Time	Drug Name	

Nutritionist education	Nursing education	Medical education	
			Diet
			Other Trraining

Nutritionist education	Nursing education	Medical education	
			Next Visit

I.....approve that resived education.

Confirmation & signature Nurse	Confirmation & signature Doctor	Sing and Fingerprint a paitent or caregiver

Contact Saturdays, Sundays and Tuesdays at 05137269021-202 (Self-care Clinic)