

NYC FOOT & ANKLE
DOCTOR _____

ISSUED DATE _____
Dates of Review- MM/YY _____

Your Name _____
Date _____

INITIAL LEARNING ASSESSMENT

During your visit with our organization you will be presented with information that may be new to you. To aid in providing the best care possible please answer the following questions. Then return the form to the front desk. Thank You.

How do you like to learn new things?	Please check ALL that apply.
Reading	Pictures/Diagram
Discussion	Hands on Demonstration
Other	Self-Study

Factors that can affect Learning :	YES	NO	COMMENTS
Do you speak English in your home?			If no, what Language do you speak? Name of Interpreter;
Can you read English?			
Can you write English?			
Do you hear well?			If no, Do you utilize a hearing device? ____ Yes ____ No
Do you see well?			If no, Do you utilize Glasses or Contacts? ____ Yes ____ No
Do you have cultural or religious practices/beliefs that may affect your care/treatment?			If yes, Please explain

Other Comments;

