



## Patient training form in Karmania hospital

Unit Number:

Attending physician	Ward:	Name		Family name	
Date of admission	Room:	Date of birth		Father's name:	
Educational titles:	Bed:	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