DIANE C. MADFES, M.D. P.C.

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 this form to the front desk. Thank you.

How do you like to learn new things? Please check all that apply

	Reading		Brochures
	Discussion		Hands On/Demonstration

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 any cultural or religious practice/beliefs that may affect your care or treatment?			If Yes, explain

Other comments

_____
_____
_____

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