



Ali Asghar Children's
Super specialized Medical
Training Center

Presented Training to patient by physician at discharge



Iran University of Medical
Sciences and Health Services

Unit Number:			
Name:	Family Name:	Ward: Room: Bed:	Attending Physician:
Father's Name:	Date of Birth:	Diagnosis:	Date of Admission:

Date and place to refer to physician:

Presented training to the patient	Training content	Training method	Done
Duration and proper use of medication		Face to Face and Written Forms	
Nutrition		Face to Face and Written Forms	
Home care		Face to Face and Written Forms	
Other training items		Face to Face and Written Forms	

I Confirm that I have received required training.

Physician confirmation and
signature

Patient/ Legal companion
signature and fingerprint