**Day 1 Patient Education Checklist Template**

**Patient**

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|  | Patient identification |
|  | Potential Contraindications to treatment*:* e.g. Pregnancy, pacemaker |
|  | Booking considerations: e.g. Lodge, appointment time requests |
|  | Supportive care needs: e.g. Dietician, social work |
|  | Patient medical conditions: e.g. Falls risk, Oxygen, hearing loss |
|  | Concurrent Chemo: e.g. Booking considerations, CBC requirements |

**Treatment**

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| --- | --- |
|  | Explanation of treatment set-up procedures: e.g. Cameras, imaging, therapist-patient contact, dress/gown use |
|  | Fractionation/Site/Laterality |
|  | Pre-Treatment Routine |
|  | Side Effects: e.g. Handouts provided |
|  | Review of daily prep instructions: e.g. Bladder and bowel  |
|  | Patient care instructions: e.g. Skin care, mouth washes |

**Additional Considerations**

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|  | IPAC/Hand hygiene |
|  | Smoking Cessation |