

# PATIENT EDUCATION VIDEO CCTV REQUEST

Submitted by: Name Title \_\_\_\_\_ Work  
Area \_\_\_\_\_ Telephone \_\_\_\_\_ Pager \_\_\_\_\_

---

Video Title: \_\_\_\_\_

Length: \_\_\_\_\_ min.

Patient Population:  Adult  Pediatric  Geriatric

Categories:  Cardiac  Endocrine  ENT/Ophthal  Gastrointestinal  Genito/Renal  
 HemOnc  Infectious Disease  Integumentary  Muskuloskeletal  Neurological  
 Nutrition  OB/Gyn  Orthopaedic  Pain Control/Pharmacology  Psych  
 Respiratory  Trauma  Rehabilitation  Safety/Prevention  Other \_\_\_\_\_

Intent of the Video:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Patient Post Test: Write a minimum of 2 to a maximum of 5 questions that can be answered True/False or Yes/No

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

---

Reviewer: Name Title \_\_\_\_\_  
Work Area \_\_\_\_\_ Telephone \_\_\_\_\_ Pager \_\_\_\_\_

I RECOMMEND THIS VIDEO:  YES  NO

Restrict from Pediatric Floors:  YES  NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN BY \_\_\_\_\_

TO: Eleanor Mark, Center for Nursing Education, 4900 # 1630 Broadway /Phone 734-9797