## **Cancer Nursing Care Plan**

Patient's information		
Patient name:		
Age:		
Gender:		
Date of birth:		
Medical history		
Assessment		
Subjective	Objective	
	Test/s	Result/s
Nursing diagnosis		

Goals and outcomes		
Long-term	Short-term	
Nursing interventions		
Rationale		

Evaluation
Additional notes
Nurse's information
Name:
License number:
Contact number: