

Care Plan

Patient name: _____ Age: _____ Gender: _____ Date of birth: _____

Medical history

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Assessment			Nursing diagnosis	Goals and outcomes		Nursing interventions	Rationale	Evaluation
Subjective	Objective			Long-term	Short-term			
	Test/s	Result/s						

Additional notes

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Nurse's information

Name:	License number:	Contact number:
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