

Dementia Nursing Care Plan

Patient 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: