

Depression Nursing Care Plan

Patient information	
Name:	Date of birth:
Gender:	Date of admission:
Medical history	
Assessment	
I. Subjective findings	II. Objective findings
Nursing diagnosis	

Goals and outcomes	
I. Short-term goals:	II. Long-term goals:
Nursing interventions	Rationale
Evaluation	

Additional notes**Nurse information****Name:****License ID number:****Signature:****Date of assessment:**