

Disturbed Thought Process 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	
Short-term	Long-term
Nursing interventions	Rationale
Evaluation	

Additional notes**Nurse's information**

Name:

License number:

Contact number: