

Family Nursing Care Plan

Family information

Family name:

Date of assessment:

Family members:

Date of birth(s):

Family health history:

Assessment

Subjective:

Objective:

Nursing diagnosis

Goals and outcomes	
Short-term goals:	Long-term goals:
Nursing interventions	Rationale
Evaluation of intervention	
Additional notes	
Nurse information	
Name:	License ID number:
Signature:	Date of assessment: