## **Nursing Care Plan for Impaired Memory**

Patient information		
Name:		
Gender:	Age:	
Patient number:	Date:	
Medical conditions:		
Assessment		
Assessment used:		
Assessment results:		
Notes:		
Diagnosis		

Rationale  Evaluations  Attending nurse information  Attending nurse name: License number:	Goals and outcomes		
Evaluations  Attending nurse information			
Attending nurse information	Rationale		
Attending nurse information			
	Evaluations		
Attending nurse name: License number:	Attending nurse information		
	Attending nurse name:	License number:	
Signature: Date:	Signature:	Date:	