Parkinson's Disease Nursing Care Plan

Patient information		
Patient name:		Age:
Gender:	Date of birth:	
Medical history:		
Assessment		
Subjective	Objective	
	Test/s	Result/s
Nursing diagnosis		
Cools and outcomes		
Goals and outcomes	Chaut	4
Long-term	Short-term	

Nursing interventions
Rationale
Evaluation
Additional notes
Nurse's information
Name:
License number:
Contact number: