

# Risk for Injury Care Plan

Patient information	
Patient name:	Age:
Gender:	Date of birth:
Medical history	
Allergies	Medications
Assessment	
Subjective data	Objective data
Mobility status:	Mobility status:
Cognitive function:	Cognitive function:
Environmental factors:	Environmental factors:
Diagnosis	

Goals and outcomes	
Long-term	Short-term
Interventions	
Rationale	
Evaluation	

**Additional notes****Healthcare professional information**

Name:

License number:

Contact number: