

Schizophrenia Nursing Care Plan

Patient's information

Patient name:

Age:

Gender:

Date of birth:

Medical history

Assessment

Subjective

Objective

Test/s

Result/s

Nursing diagnosis

Goals and outcomes	
Long-term	Short-term
Nursing interventions	
Rationale	

Evaluation**Additional notes****Nurse's information****Name:****License number:****Contact number:**