

Depression Nursing Care Plan

PATIENT INFORMATION

Name: _____ Date of birth: _____ dd / mm / yyyy
Gender: _____ Date of admission: _____ dd / mm / yyyy

MEDICAL HISTORY

Specify below:

ASSESSMENT

I. Subjective findings:

II. Objective findings:

Nursing diagnosis - Specify below:

GOALS AND OUTCOMES

I. Short-term goals:

II. Long-term goals:

Nursing diagnosis - Specify below:

Rationale - Specify below:

Evaluation - Specify below:

Additional notes - Specify below:

NURSE INFORMATION

Name: _____ License ID number: _____

Signature: _____
Date of assessment: _____ dd / mm / yyyy