

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	
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Additional notes

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Name:

License number:

Contact number: