

## RESIDENT CARE PLAN

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ ADM. DATE \_\_\_\_\_

DIAGNOSIS:	ONSET DATE:	DIAGNOSIS:	ONSET DATE:
		Nursing Alert(s):	

ADMITTED FOR: \_\_\_\_\_

EXPECTED LENGTH OF STAY \_\_\_\_\_

LONG TERM GOAL: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### DISCHARGE PLAN

PREVIOUS LIVING ARRANGEMENTS: \_\_\_\_\_

FAMILY / FRIEND NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

DISCHARGE PLAN: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

REVIEW: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

REVIEW: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

REVIEW: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

REVIEW: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Last Name	First	Initial	Attending Physician	Room No.	Resident No.
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