Impaired Physical Mobility Nursing Care Plan

Patient 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: