

**Patient Name: [SPECIFY PATIENT FULL NAME]**

**Patient Identifier: [SPECIFY PATIENT NUMBER]**

**Date: [SPECIFY DATE]**

**Medical Diagnosis: [SPECIFY DIAGNOSIS]**

**Sex: [SPECIFY SEX]**

1. **Medical Background**

[SPECIFY NAME OF PATIENT] has been diagnosed with [SPECIFY CONDITION] last [SPECIFY DATE] by [SPECIFY NAME OF DOCTOR].

[SPECIFY MEDICAL CONDITION] triggered more complications in the other systems of the [SPECIFY PATIENT NAME]. Because of such occurrence, his doctor [SPECIFY NAME OF DOCTOR] prescribed the following medications: [SPECIFY LIST OF MEDICATIONS].

Notwithstanding the provision of such medications, the patient continues to feel pain and uneasiness in his [SPECIFY BODY ORGAN]. Other than that, he also felt the following conditions: [SPECIFY SYMPTOMS].

Hence, [SPECIFY NAME OF DOCTOR] duly advised the patient to undergo certain medical tests and procedures [SPECIFY MEDICAL TEST AND PROCEDURES] and to be admitted to [SPECIFY HOSPITAL].

1. **Assessment Domains**

The following are the subjective and objective results of the patient’s assessment conducted by [SPECIFY NAME OF PHYSICIAN].

1. **Patient Care Plan**

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**Date :** [SPECIFY DATE]

**Medical Diagnosis :** [SPECIFY DIAGNOSIS]

**Sex :** [SPECIFY SEX]

1. **SUBJECTIVE RESULTS**

[SPECIFY DATA]

1. **Objective Results**

[SPECIFY DATA]

**Note:** The provided data above are taken from the personal interview interview conducted by the physician [SPECIFY NAME OF PHYSICIAN], physical and medical examination, examination of the patient’s diet and lifestyle, and other external and relevant factors.

1. **Patient Problem Statement(s)**

[SPECIFY THE MEDICAL PROBLEM AND CONDITION OF THE PATIENT]

1. **Patient Goal Statement(s)**

Like any other plan, the objectives and goals must be specific and clear. They will safeguard the implementation and continuous operation of the plan. The absence of such objectives will render the plan useless and ineffectual.

[SPECIFY PLAN OBJECTIVES AND GOALS]

1. **CARE PLAN MATRIX**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MEDICAL ISSUES** | **MEDICAL PROGRAMS AND INTERVENTIONS** | **PERSONS-IN-CHARGE** | **TIMELINE** | **RESULTS AND OUTCOMES** |
| [SPECIFY] | [SPECIFY] | [SPECIFY] | [SPECIFY] | [SPECIFY] |
| [SPECIFY] | [SPECIFY] | [SPECIFY] | [SPECIFY] | [SPECIFY] |
| [SPECIFY] | [SPECIFY] | [SPECIFY] | [SPECIFY] | [SPECIFY] |
| [SPECIFY] | [SPECIFY] | [SPECIFY] | [SPECIFY] | [SPECIFY] |

1. **Evaluation and Recommendation**

After the plan’s implementation or completion of all the provided interventions and medical programs, the efficacy of the plan must be duly assessed. This is done in order to know if the plan sufficed the needs of the patient, otherwise it will be modified or other actions may be taken.

[SPECIFY EVALUATION PROCEDURES]

\*It is highly recommended that the evaluation must be conducted by an independent body in order to preserve the expected degree of impartiality and credibility of the results.

[SPECIFY RESULTS AND RECOMMENDATIONS]

\*The recommendations must be specific and direct to the point. It must point out what other programs or initiatives must be added, modified or amended in order to make the plan more substantial and effective.

1. **SOURCES**

[SPECIFY RELIABLE SOURCES SUCH AS MEDICAL BOOKS, MEDICAL CASES AND PLANS, ARTICLES, AND MANY MORE]