

Name: _____

Date: _____

Care Plan

L F A N T G D J L J C O M P R E H E S I V E U X
T S W K K I I R O W Q T C Y G M Q H D K L V U P
S A M X O H U R W N A L P E R A C Y M G T Z Q V
T N E M S S E S S A B A F G O U H T R Y O W A E
B E H A V I O R J V U K L M U Z Y A B Q C A S I
S Z S D V I I U Z W O B J E C T I V E S D L L B
C Y E C G V N B L L O E C P H J H M E R D Y P S
K U C E C E T T R T O P L Z W Q I U H G U K R L
Q Z I J O D E T C E R I D F L E S C Z L Z M E D
X M V P B K R O V O N X I U W H T L A C L J V K
F J R T X J V C H Z H B K T Y V B A M G L G I J
H N E C R E E K B G Y V R T Y X H E O V E T S K
B R S H R S N Y O Q Z U O A X I J F O S E L E Q
Q A N C O K T I M E L Y I K B K I S D I I G D W
P L S G J L I Y U O C K Q G W G I E D F N D E K
U A E E S P O R N K M E D I C A T I O N S S Q O
Q Z U O L J N L W K N S B M U D M L K T C Q W W
A X N G A I S W D E Z I L A U D I V I D N I E F
Q E K D W L N H Z K C J W D L G U S D E E N H H
H L G J Y E C E R P K C V M B G M F Q K H P D R
A C T I V I T I E S O F D A I L Y L I V I N G Q
R R S T N E M T A E R T A I C Z Q C R X D P A R
S B B S R E D R O N A I C I S Y H P P X E L P D
P Q M N U T R I T I O N A L O Z L Q M X I G H H

activities of daily living
self-directed
medications
objectives
services
revised
needs

physician orders
interventions
nutritional
assessment
behavior
timely
diet

individualized
comprehensive
treatments
care plan
baseline
goals
mood