

**STAFF - PARENT COMMUNICATIONS, ETC.
NURSING CARE PLAN**

SOCIAL-PARENT INFO

DATE:	TYPE:

IN CASE OF EMERGENCY NOTIFY:

PKU:

ADMISSION DATE:

Birth: _____

Date: _____

DIAGNOSIS:

MOTHER'S NAME:

CONDITION:	BAPTISM:
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NAME:

AGE:

DOCTOR - PED:

OB:

RELIGION:

RM #:

PART OF THE MEDICAL RECORD