

Individualized Healthcare Plan

SAMPLE

Name: _____ Birthdate: _____ Grade: _____

Healthcare Provider: _____ Provider's Phone: _____

IHP Written by: _____, RN

IHP Date: _____ Review Date: _____

Student Goals: 1. _____

2. _____

Health History [including current medication(s), current treatment(s) and/or baseline data] relative to IHP:

	Nursing Diagnosis NANDA	Nursing Interventions NIC	Student Outcomes NOC