**Dokumentationsblatt Hospizbegleitung NR:**

 **Seite: 1**

|  |  |
| --- | --- |
| Name des/der ehrenamtlich Mitarbeitenden |  |

 **Dokumentation:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Datum | Besuch(Grund, Anlass) | Telefonat (Minuten) | Beglei-tungszeit **ohne** Fahrtzeit i. Minuten) | Kilometer | Fahrtzeit |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Ende der Begleitung:**

|  |  |
| --- | --- |
| Datum | Grund |

|  |
| --- |
| Ort / Datum / Unterschrift des/der ehrenamtlich Mitarbeitenden |