**Dokumentationsblatt Hospizbegleitung NR:**

**Seite: 1**

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| Name des/der ehrenamtlich Mitarbeitenden |  |

**Dokumentation:**

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

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| Datum | Grund |

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