



Name:

Wer dieses Formular ausgefüllt hat:

Datum:

Guter Tag



Schlechter Tag



Wer mir hilft
zu entscheiden



Familie und
Freunde



Was mir
Geborgenheit gibt





Was mir hilft zu
kommunizieren



Empty rounded rectangular box for notes.

Unterstützung
bei Formularen



Empty rounded rectangular box for notes.

Krankenhaus



Empty rounded rectangular box for notes.

Zuhause



Empty rounded rectangular box for notes.

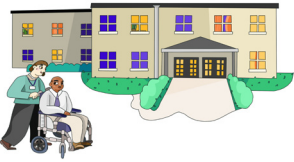
Mein Zimmer



Empty rounded rectangular box for notes.



Pflegeheim oder Hospiz



Empty rounded rectangular box for notes.

Arzt-besuch



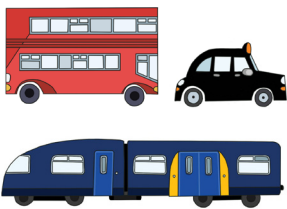
Empty rounded rectangular box for notes.

Pflege zu Hause



Empty rounded rectangular box for notes.

Transport-hilfe



Empty rounded rectangular box for notes.

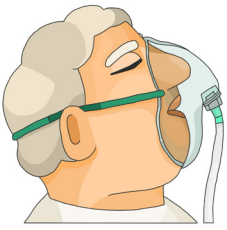
Einnahme von Medikamenten



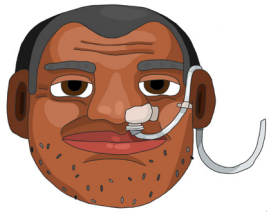
Empty rounded rectangular box for notes.



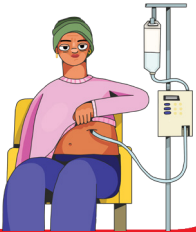
Atem-maske



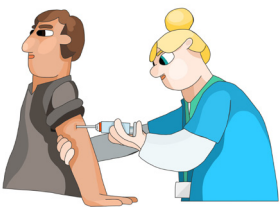
**Künstliche
Ernährung**



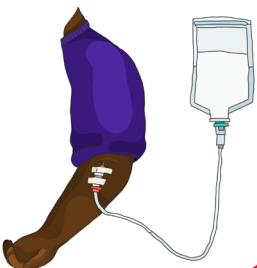
**Ernährt werden
durch eine Sonde**



Spritzen

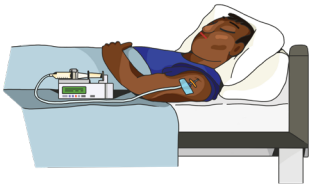


Infusion



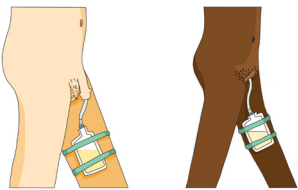


Spritzen-pumpe



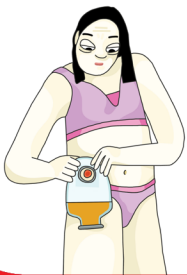
Empty rounded rectangular box for notes related to Spritzen-pumpe.

Urin-katheter



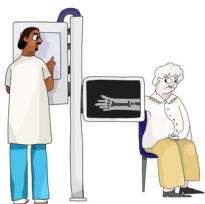
Empty rounded rectangular box for notes related to Urin-katheter.

Stoma



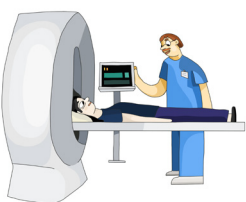
Empty rounded rectangular box for notes related to Stoma.

**Untersuchungen
und Behandlungen**



Empty rounded rectangular box for notes related to Untersuchungen und Behandlungen (top).

**Untersuchungen
und Behandlungen**



Empty rounded rectangular box for notes related to Untersuchungen und Behandlungen (bottom).





Operation



Wieder-belebung



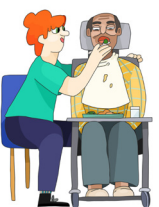
Unterstützung beim Gehen



Unterstützung beim Duschen



Unterstützung beim Essen





Bett-lägerig



Körper-pflege im Bett



Was ich tun möchte, solange ich noch kann



Abschied nehmen



