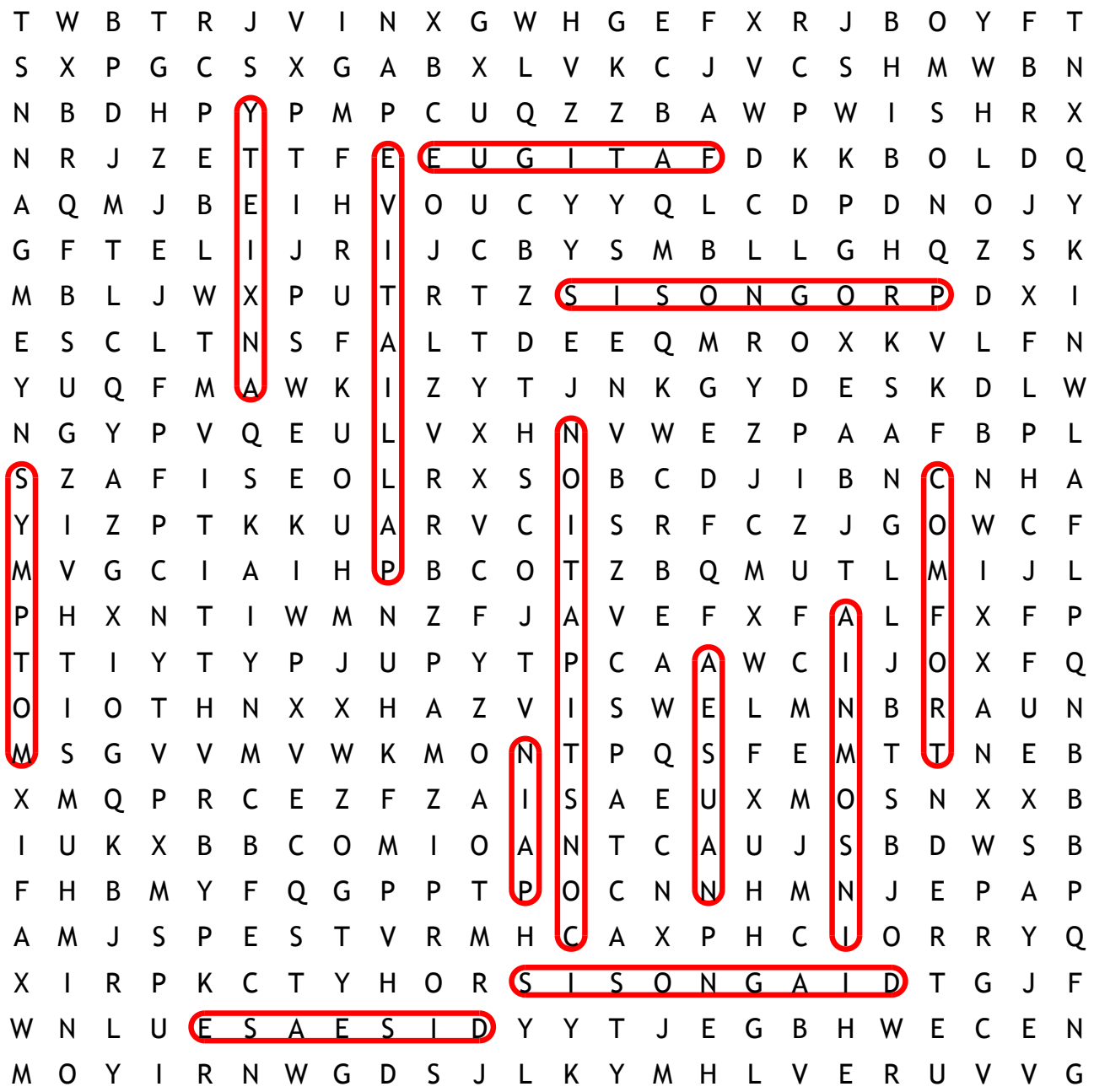
Name: _____ Date: _____

Palliative Care



constipation
Diagnosis
disease
symptom
Palliative
insomnia
comfort
nausea
prognosis
fatigue
anxiety
pain