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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Transfer of Information

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| **Across**  **3.** First step in providing information to someone else who doesn’t know you  **6.** Number of Transfer of Client Information Forms to prepare  **10.** Point when daily transfer of information might occur on a shift  **11.** Information might be transferred internally between\_\_\_\_  **12.** An observation you should transfer  **14.** Important to include in transfer process  **15.** Change in client status when transfer of information is important | **Down**  **1.** Type of health status you should transfer  **2.** Important information about person handing over information to you  **4.** To check with client if person is present  **5.** Important to include in a transfer process  **7.** Potential source of information for you about a client  **8.** Where you put a copy of a Transfer of Client Information Form  **9.** What is transferred about a client  **13.** Information to transfer about a client |

   Documentation       DOCUMENTATION       DETAILS       CHANGE       DISCHARGE       HOSPITAL       IDENTIFICATION       IDENTITY       STATUS       ALLERGIES       MENTAL       INTRODUCTION       TWO       FILE       PROGRAMS