# CLIENT COMMUNICATION SHEET

CLIENT NAME: _____ Worker ID# _____

The purpose of this form is to allow persons to relay, in writing, *non-medical* information regarding a client to other home care personnel responsible for caring for the client. This form should be left in the clientôs folder.

| Date | Person writing message | Message |
|---|---|---|
| Example: 9/15/00 | Jane Doe, HHA | Mr. Jones has a doctorôs appointment 9/20/00 |
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