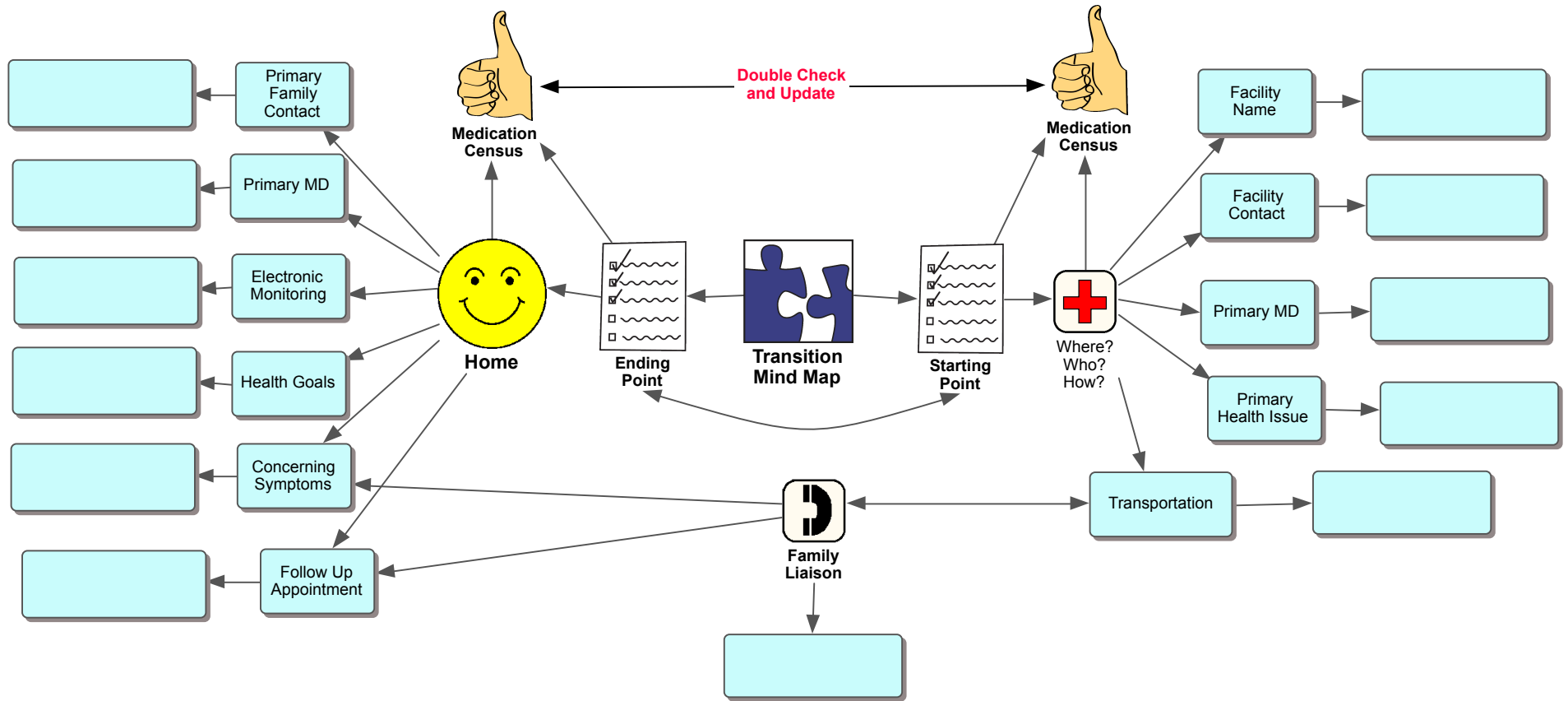


Transition Care Mind Map

Name _____

Date _____



Completed by: _____

Date: _____