



Sample Transfer of Care Checklist

Six Core Elements of Health Care Transition 2.0

Patient Name: _____

Date of Birth: _____

Primary Diagnosis: _____

Transition Complexity: _____

Low, moderate, or high

-Prepared transfer package including:

- Transfer letter, including effective of date of transfer of care to adult provider
- Final transition readiness assessment
- Plan of care, including transition goals and pending actions
- Updated medical summary and emergency care plan
- Guardianship or health proxy documents, if needed
- Condition fact sheet, if needed
- Additional provider records, if needed

-Sent transfer package _____
Date

-Communicated with adult provider about transfer _____
Date