

Sample Individual Transition Flow Sheet

<i>Preferred name</i>	<i>Legal name</i>	<i>Date of birth</i>
<i>Primary diagnosis</i>		<i>Social/Medical complexity information</i>

WELCOME AND ORIENTATION

Contacted young adult before first visit to welcome and answer questions _____ *Date*

Transfer package received from pediatric clinician including: _____ *Date*

- Transfer letter, including date of transfer of care
- Final transition readiness assessment
- Plan of care, including transition goals and prioritized actions
- Medical summary and emergency care plan
- Guardianship or health proxy documents, if needed
- Condition fact sheet, if needed
- Additional clinician records, if needed

Orientation materials shared with young adult _____ *Date*

Transition and care policy/guide shared/discussed with young adult _____ *Date*

ADULT MODEL OF CARE

Discussed changes in decision-making, consent, and privacy (e.g., medical records) in an adult model of care _____ *Date*

Discussed legal options for supported decision-making, if needed _____ *Date*

SELF-CARE SKILLS ASSESSMENT

Conducted self-care skills assessment _____ *Date* _____ *Date* _____ *Date*

PLAN OF CARE/MEDICAL SUMMARY AND EMERGENCY CARE PLAN

Updated and shared the medical summary and emergency care plan _____ *Date* _____ *Date* _____ *Date*

Included self-care goals and prioritized actions in young adult's plan of care _____ *Date* _____ *Date* _____ *Date*

Updated and shared the plan of care, if needed _____ *Date* _____ *Date* _____ *Date*

Discussed needed self-care skills _____ *Date* _____ *Date* _____ *Date*

ONGOING CARE

Communicated with pediatric clinician to confirm transfer of care and arrange for consultation, if needed _____ *Date*

Arranged for specialty consultation, if needed _____ *Date*

Elicited anonymous feedback from young adult about the HCT supports received while transitioning to adult care _____ *Date*