

Sample Individual Transition Flow Sheet

Preferred name _____ *Legal name* _____ *Date of birth* _____

Primary diagnosis _____ *Social/Medical complexity information* _____

TRANSITION AND CARE POLICY/GUIDE

Transition and care policy/guide shared/discussed with youth and parent/caregiver _____

Date

TRANSITION READINESS ASSESSMENT

Conducted transition readiness 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 transition goals and prioritized actions in youth's plan of care _____

Date *Date* *Date*

Updated and shared the plan of care, if needed _____

Date *Date* *Date*

Discussed needed transition readiness skills _____

Date *Date* *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

Selected adult clinician:

Name _____ *Phone, fax, or email* _____

Practice _____ *Date first appointment scheduled* _____

TRANSFER OF CARE

Prepared transfer package 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

Sent transfer package _____

Date

Communicated with adult clinician about transfer _____

Date

Elicited anonymous feedback from youth/young adult and parent/caregiver about the HCT supports received in the pediatric practice while transitioning to adult care _____

Date