

Sample Transfer of Care Checklist

Preferred name

Legal name

Date of birth

Primary diagnosis

Social/Medical complexity information

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

