

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/young adult and parent/caregiver _____
Date

TRANSITION READINESS/SELF-CARE SKILLS ASSESSMENT

Conducted transition readiness/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 transition/self-care goals and prioritized actions in youth/young adult's plan of care _____
Date Date Date

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

Discussed needed transition readiness/self-care 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

ONGOING CARE

Arranged for specialty consultation, if needed _____
Date

Elicited anonymous feedback from youth/young adult and parent/caregiver about the HCT supports received while transitioning to an adult approach to care _____
Date

