



# Sample Individual Transition Flow Sheet

## Six Core Elements of Health Care Transition 2.0

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

### Transition Policy

-Practice policy on transition discussed/shared with youth and parent caregiver \_\_\_\_\_  
Date

### Transition Readiness Assessment

-Conducted transition readiness assessment \_\_\_\_\_  
Date Date Date

-Included transition goals and prioritized actions in plan of care \_\_\_\_\_  
Date Date Date

### Medical Summary and Emergency Plan

-Updated and shared medical summary and emergency plan \_\_\_\_\_  
Date Date Date

### Adult Model of Care

-Decision-making changes, privacy, and consent in adult care discussed with youth and parent/caregiver (if needed, discussed plans for supported decision-making) \_\_\_\_\_  
Date

### Transfer of Care to Adult Specialists

-Arrange for transfer to adult specialty providers, if needed \_\_\_\_\_  
Date