<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Name</strong></td>
<td>________________</td>
</tr>
<tr>
<td><strong>Date of Birth</strong></td>
<td>________________</td>
</tr>
<tr>
<td><strong>Primary Diagnosis</strong></td>
<td>________________</td>
</tr>
<tr>
<td><strong>Transition Complexity</strong></td>
<td>Low, moderate, or high</td>
</tr>
<tr>
<td><strong>Transition Policy</strong></td>
<td>- Practice policy on transition discussed/shared with youth and parent caregiver _________ Date</td>
</tr>
<tr>
<td><strong>Transition Readiness Assessment</strong></td>
<td>- Conducted transition readiness assessment _________ Date</td>
</tr>
<tr>
<td></td>
<td>- Included transition goals and prioritized actions in plan of care _________ Date</td>
</tr>
<tr>
<td><strong>Medical Summary and Emergency Plan</strong></td>
<td>- Updated and Shared medical summary and emergency plan _________ Date</td>
</tr>
<tr>
<td><strong>Adult Model of Care</strong></td>
<td>- Decision-making changes, privacy, and consent in adult care discussed with youth and parent/caregiver (if needed, discussed plans for supported decision-making) Date</td>
</tr>
<tr>
<td></td>
<td>- Timing of transfer discussed with youth and parent/caregiver _________ Date</td>
</tr>
<tr>
<td><strong>Selected Adult Provider</strong></td>
<td>Name _________ Clinic _________ Phone _________ Fax _________ First Appointment Completed</td>
</tr>
<tr>
<td><strong>Transfer of Care</strong></td>
<td>- Prepared transfer package including:</td>
</tr>
<tr>
<td></td>
<td>- Transfer letter, including effective of date of transfer of care to adult provider</td>
</tr>
<tr>
<td></td>
<td>- Final transition readiness assessment</td>
</tr>
<tr>
<td></td>
<td>- Plan of care, including goals and actions</td>
</tr>
<tr>
<td></td>
<td>- Updated medical summary and emergency care plan</td>
</tr>
<tr>
<td></td>
<td>- Legal documents, if needed</td>
</tr>
<tr>
<td></td>
<td>- Condition fact sheet, if needed</td>
</tr>
<tr>
<td></td>
<td>- Additional provider records, if needed</td>
</tr>
<tr>
<td></td>
<td>- Sent transfer package _________ Date</td>
</tr>
<tr>
<td></td>
<td>- Communicated with adult provider about transfer _________ Date</td>
</tr>
<tr>
<td></td>
<td>- Elicited feedback from young adult after transfer from pediatric care _________ Date</td>
</tr>
</tbody>
</table>