Sample Transfer of Care Checklist
Six Core Elements of Health Care Transition 2.0

Patient Name: ______________________ Date of Birth: __________

Primary Diagnosis: ______________________ Transition Complexity: ______________________
Low, moderate, or high

-Prepared transfer package including:
  □ Transfer letter, including effective of date of transfer of care to adult provider
  □ Final transition readiness assessment
  □ Plan of care, including transition goals and pending actions
  □ Updated medical summary and emergency care plan
  □ Guardianship or health proxy documents, if needed
  □ Condition fact sheet, if needed
  □ Additional provider records, if needed

-Sent transfer package __________
  Date

-Communicated with adult provider about transfer __________
  Date