

Sample Individual Transition Flow Sheet

Preferred name _____ *Legal name* _____ *Date of birth* _____

Primary diagnosis _____ *Social/Medical complexity information* _____

WELCOME AND ORIENTATION

Contacted young adult before first visit to welcome and answer questions _____
Date

Transfer package received from pediatric clinician 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

Orientation materials shared with young adult _____
Date

Transition and care policy/guide shared/discussed with young adult _____
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

SELF-CARE SKILLS ASSESSMENT

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

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

Discussed needed self-care skills _____
Date Date Date

ONGOING CARE

Communicated with pediatric clinician to confirm transfer of care and arrange for consultation, if needed _____
Date

Arranged for specialty consultation, if needed _____
Date

Elicited anonymous feedback from young adult about the HCT supports received while transitioning to adult care _____
Date