



Levine Children's Blood and Cancer Disorders

Transfer of Care Checklist

Patient Name:

Primary Diagnosis:

SC Hgb SS SC Hgb beta zero thal

SC Hgb SC SC Hgb S Beta + thal

Adult Provider Name:

Adult Office Contact Name:

Date of Birth:

Transition Complexity:

Low Moderate High

Adult Contact Phone:

Adult Contact Fax:

Adult Contact Email:

- Prepared transfer package including:

- Information packet to be given to patient
- Transfer letter, including effective 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