



Sample Individual Transition Flow Sheet

Six Core Elements of Health Care Transition 2.0

Patient Name: _____

Date of Birth: _____

Primary Diagnosis: _____

Transition Complexity: _____

Low, moderate, or high

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

-Timing of transfer discussed with youth and parent/caregiver _____
Date

-Selected Adult Provider

_____	_____	_____	_____	_____
Name	Clinic	Phone	Fax	First Appointment Completed

Transfer of Care

-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 goals and actions
- Updated medical summary and emergency care plan
- Legal documents, if needed
- Condition fact sheet, if needed
- Additional provider records, if needed

-Sent transfer package _____
Date

-Communicated with adult provider about transfer _____
Date

-Elicited feedback from young adult after transfer from pediatric care _____
Date