



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

Welcome and Orientation

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

-Transfer package received from pediatric provider _____
Date

- Transfer letter
- 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

-Orientation material shared with young adult _____
Date

-Practice policy on transition discussed/shared with young adult _____
Date

Adult Model of Care

-Clarified adult approach to care, including shared decision-making, privacy and consent, access to information, adherence to care, and preferred methods of communication _____
Date

-If needed and not previously addressed, discussed legal options for supported decision-making _____
Date

Self-Care Assessment

-Conducted self-care assessment _____
Date Date Date

-Included self-care goals and prioritized actions in plan of care _____
Date Date Date

Medical Summary and Emergency Care Plan

-Updated and shared medical summary and emergency care plan _____
Date Date Date

Transfer Completion

-Communicated with pediatric provider confirming transfer or care and arranging for consultation, if needed _____
Date

-Elicited feedback from young adult about transition and experience with care _____
Date