

Ready Steady Go Transition Programme



Name: _____ Hospital no: _____

Address: _____

DOB: _____

Ready Steady Go/Hello start date: _____

College/work: _____

Home tel no: _____

Email: _____ Mobile no: _____

Diagnosis: _____

Resources (please specify): _____ Date: _____

Offer copy of clinic letters _____ Date: _____

MDT involvement

Youth worker _____

Social worker _____

Psychology _____

Specialist nurse _____

Dietitian _____

Other

Key worker _____

Ready Steady Go Transition Programme

(K) KNOWLEDGE

	R	S	G	H
1. Describes condition, effects and prognosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understands medication/treatment purpose and effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Takes some/complete responsibility for medication/other treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Orders repeat prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Knows how to make/alter appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Knows key team members and their roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Knows where to get help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(S) SELF ADVOCACY

1. Part/whole clinic appointment on their own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understanding of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Understands their role in shared decision-making with the healthcare team e.g. Ask 3 Questions*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*See leaflet or www.advancingqualityalliance.nhs.uk/wp-content/uploads/2013/04/BrochureFinal25.10.12.pdf

(H) HEALTH AND LIFESTYLE

1. Understands importance of diet/exercise/dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understands impact of smoking/alcohol/substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Understands how their condition can affect how they feel and function e.g. sexual function, fertility, fatigue etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Understands sexual health issues/pregnancy/STDs/parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(A) ACTIVITIES OF DAILY LIVING

1. Self care/meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Independent travel/mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trips/overnight stays away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

