

# 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](http://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"/>







