

# Transition programme



Name: \_\_\_\_\_ Hospital no: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Transition start date: \_\_\_\_\_

\_\_\_\_\_ School/college: \_\_\_\_\_

Home tel no: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Target date for transfer adult services: \_\_\_\_\_

Discharge summary completed: \_\_\_\_\_

Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Transition leaflet for young people \_\_\_\_\_

Transition leaflet for parents/carers \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Offer copy of clinic letters \_\_\_\_\_ Date: \_\_\_\_\_

**MDT involvement** \_\_\_\_\_

Youth worker \_\_\_\_\_

Social worker \_\_\_\_\_

Psychology \_\_\_\_\_

Specialist nurse \_\_\_\_\_

Dietitian \_\_\_\_\_

**Other** \_\_\_\_\_

Key worker \_\_\_\_\_

Adult unit team contacts \_\_\_\_\_

Date of planned visit to adult unit \_\_\_\_\_

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## (K) KNOWLEDGE

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

## (H) HEALTH AND LIFESTYLE

1. Understands importance of diet/exercise/dental care	<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"/>
3. Understands sexual health issues/pregnancy/STDs	<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"/>
2. Independent travel/mobility	<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"/>
4. Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## (V) VOCATIONAL

	R	S	G
1. Current and future education/impact of condition on career plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. School attendance and performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Work experience and how to access careers advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Outside activities and interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Disclosure to school/employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## (P) PSYCHOSOCIAL

1. Self esteem/self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Body/self image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Peer relationships/bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Support networks/family/disclosure to friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Coping strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## (T) TRANSITION

1. Understands concept of transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Agrees transition plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attends transition clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Visits adult unit (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sees GP independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Ready**      Date \_\_\_\_\_ Signature \_\_\_\_\_

**Steady**      Date \_\_\_\_\_ Signature \_\_\_\_\_

**Go**      Date \_\_\_\_\_ Signature \_\_\_\_\_





