

Transition Tracker

Enter date in the appropriate age column and initial items completed. Use asterisk (*) to indicate that there are additional comments in the *MPR Clinic Notes*

TO DO LIST	12 YRS	13 YRS	14 YRS	15 YRS	16 YRS	17 YRS
Inform patient & parent/guardian about transferring to adult care at 18: <input type="checkbox"/> Expectations in adult system: medical self-management; self-advocacy skills <input type="checkbox"/> Clinic Transition Plan to prepare patient and parents/guardians	(mm/dd/yr)	(mm/dd/yr)	(mm/dd/yr)	(mm/dd/yr)	(mm/dd/yr)	(mm/dd/yr)
Assess transition support required from your clinic and if additional support is needed: <input type="checkbox"/> medical <input type="checkbox"/> psychosocial <input type="checkbox"/> functional <input type="checkbox"/> mental health <input type="checkbox"/> community <input type="checkbox"/> transition specific appointment Referral made to: _____						
Assess skills patient needs to develop/learn to be ready for adult healthcare. Review patient's or caregiver's skills at each clinic visit to determine readiness to transfer to adult care. Work towards whatever level of independence the patient is capable of. (May also direct patient/family to a more detailed <i>Transition Readiness Checklist</i> on transition website.) <input type="checkbox"/> Can name and describe medical condition <input type="checkbox"/> Knows and describes past surgeries and/or can give a brief medical history <input type="checkbox"/> Knows and can describe medication and/or treatment plan (e.g., knows names, doses, frequency & reason for medications) <input type="checkbox"/> Understands risk of non-concordance with medication(s) and/or treatment plan(s) (e.g. Warfarin INR, Stopping prophylaxis, Procedures without notifying clinic, etc.) <input type="checkbox"/> Can identify risk factors, warning signs and/or personal triggers as well as who to call if having symptoms or problems <input type="checkbox"/> Independently administers own medications/treatment plan <input type="checkbox"/> Participates in medical decision making and informed consent <input type="checkbox"/> Talks to healthcare providers at each visit <input type="checkbox"/> Arranges for medication/treatment plan supplies/re-supply <input type="checkbox"/> Records/tracks/monitors health information <input type="checkbox"/> Records/tracks/monitors appointment information						
Introduce & review transition tools and resources: <input type="checkbox"/> Information package <input type="checkbox"/> Website(s) <input type="checkbox"/> Health Journal <input type="checkbox"/> Workshops <input type="checkbox"/> Apps <input type="checkbox"/> MyHealth Passport <input type="checkbox"/> MyHealth – 3 Sentence Summary <input type="checkbox"/> Other _____						
Discuss how patient's medical &/or developmental condition could impact: <input type="checkbox"/> Education/Career Choices <input type="checkbox"/> Transportation/Driving <input type="checkbox"/> Post High School Plans/Day Program						

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Does patient have a family doctor? <input type="checkbox"/> Yes - provide medical information to GP <input type="checkbox"/> No – discuss importance of having a family doctor and direct to appropriate resources: <input type="checkbox"/> Find a Doctor website <input type="checkbox"/> Transition Coordinator						
As appropriate, discuss how patient’s/family’s lifestyle choices could impact medical condition/health <input type="checkbox"/> Smoking <input type="checkbox"/> Sexuality/Pregnancy/Birth Control <input type="checkbox"/> Drugs & Alcohol <input type="checkbox"/> Exercise/Activity <input type="checkbox"/> Dental Hygiene <input type="checkbox"/> Healthy Diet & Weight Management						
Review confidentiality with patient and parents/guardians						
As appropriate, give patient the opportunity to meet with healthcare providers on their own						
Provide information about differences between your pediatric clinic and adult care						
Update medical equipment						
Provide information about sources of adult funding (PDD & AISH)						
Provide information about Adult Guardianship & Trusteeship Act						
Provide information about Personal Directives, Advanced Care Planning & Goals of Care						
Provide information about medical insurance coverage post 18 years						
Provide information about where care is being transferred						
Identify and collaborate with adult services to ensure smooth transfer of care <input type="checkbox"/> Referral(s) sent <input type="checkbox"/> Transfer summary and information sent/given to adult specialist, family doctor & parent/guardians						
Adult Clinic Appointment <input type="checkbox"/> Booked <input type="checkbox"/> Patient Notified/Provided Information						
Patient attended appointment at adult clinic: <input type="checkbox"/> Yes <input type="checkbox"/> No – Follow up to facilitate attachment						
Transition Plan/Progress Notes:						