| **Young person’s details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | | | | | | | **Date of birth**: | | | | | | | | | | | | | | | | | |
| **Address**: | | | | | | | | | **AH number:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **Hospital number:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **Home telephone:** | | | | | | | | | | | | | | | | | |
| **Postcode:** | | | | | | | | | **Mobile Number:** | | | | | | | | | | | | | | | | | |
| **Email :** | | | | | | | | | **Next of Kin:** | | | | | | | | | | | | | | | | | |
| **Religion:** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **GP:** | | | | | | | | | **GP Contact number:** | | | | | | | | | | | | | | | | | |
| **GP address:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Families first language:**  **Interpreter required Yes/NO** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Main diagnosis:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Medication:**  **(Highlight those prescribed by specials at trust pharmacy)** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Allergies:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Capacity:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Care Package:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Consent :** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Communication:**  **Communication of Pain:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Comfort:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Consumables:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Dental:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Equipment:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Finance and Benefits:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Hearing and Vision:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Home:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Immunisation’s:**  **including COVID & FLU** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Neuro:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Nutrition and Dietetics:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Physio:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Puberty and Sexual Health:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Respiratory:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Reasonable adjustments:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Respite & short breaks:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **School and Social:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Technology dependence:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Welfare Concerns:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Wheelchair:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Miscellaneous:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Transition Exception Register TER:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Planning the Transition Journey** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected level of self-management after transition | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Main professionals** *(more information in Circle of Support)* | | | | | | □ Independent | | | | | | | □ Assisted | | | | | | | | √ Fully supported | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Level of GP involvement | | | | | | | | Telephone | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | |  | | | | | | | | | | | | | | | | | | |
| Level of GP involvement | | | Children’s services | | | | | □ GP led | | | | | | □ Shared Care | | | | | | | | | √Speciality led | | | |
| Level of GP involvement | | | Adult services | | | | | □ GP led | | | | | | □ Shared Care | | | | | | | | | □Speciality led | | | |
| Circle of support commenced (date) | | |  | | | | |  | | | | | |  | | | | | | | | |  | | | |
| **Children’s services** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Lead Consultant:** | | | | | | | | Telephone | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | |
| **Keyworker:** | | | | | | | | Telephone | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | |
| **Other key professionals :**  **Secondary care clinicians:**  **Children’s community nurse/ANP:**  **Occupational therapist:**  **Physio therapist:**  **CAMH’s:**  **Social worker:**  **School Nurse:**  **Voluntary or 3rd sector providers/CVS:** | | | | | | | | **Contact details** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Telephone | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | |
| **Adult services** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lead Consultant:** | | | | | | | | | Telephone | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | |
| **Keyworker:** | | | | | | | | | Telephone | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | |
| **Other key professionals:** | | | | | | | | | Telephone | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | |
| **Other Professionals involved** | | | | | | | | | Telephone | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | |
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| **Transition plan supporting information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Special Transition Register From (date) Review date(s)  To (date) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education Health Care Plan | | | | | | | | Date | | | | | | | | | | | | | | | | | | |
| Advance Care Plan (ACP) | | | | | | | | Date | | | | | | | | | □ Not applicable | | | | | | | | | |
| Health Information Passport (HIP) | | | | | | | | Date | | | | | | | | | □ Not applicable | | | | | | | | | |
| Other Care plan (specify) | | | | | | | | Date | | | | | | | | | □ Not applicable | | | | | | | | | |
| *Mark topics discussed – add detail overleaf* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Transition progress review (T)** | | | | | | | **Planning transition (1-4)** | | | | **N/A specify overleaf** | | | | **Starting out (5&6)** | | | | **Moving on (7&8)** | | | | | | **Settling in**  **(9&10)** | |
|  | | | | | | |
| 1. Understands concept of transition | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Review circle of support | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Review Education Health and Care Plan | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Review Advance Care Plan | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Review Health Information Passport | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| **Long term condition management (L)** | | | | | | | | |  | | |  | | | |  | | | |  | | | | |  | |
| 1. Describes condition, effects and prognosis | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Understands medication/treatment purpose & effects | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Takes some/complete responsibility for medication/other treatment e.g. physiotherapy | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Uses self-management plan | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Orders repeat prescriptions | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Knows how to make/alter appointments | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| **Self-advocacy (S)** | | | | | | | | |  | | |  | | | |  | | | |  | | | | |  | |
| 1. Part/whole clinic appointment on their own | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Sees GP independently | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Understanding of confidentiality | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Understands their role in shared decision-making with the healthcare team e.g. Ask 3 Questions\* | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Role of Advocate/ Concept of Best Interests | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| **Moving into adulthood** | | | | | | | | |  | | |  | | | |  | | | |  | | | | |  | |
| **Health and lifestyle (H)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Understands importance of diet/exercise/dental care | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Understands impact of smoking/alcohol/substance use | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Understands how their condition can affect how they feel and function e.g. sexual function, fertility, fatigue | | | | | | | | | | □ | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Understands sexual health issues/ pregnancy/STIs/ parenting | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| **Activities of daily living (A)** | | | | | | | | |  | | |  | | | |  | | | |  | | | | |  | |
| 1. Self-care/meal preparation | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Independent travel/mobility | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Trips/overnight stays away from home | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Benefits | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Equipment and consumables | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| **Vocational (V)** | | | | | | | | |  | | |  | | | |  | | | |  | | | | |  | |
| 1. Current education/work, impact of condition on career | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. College/university/work attendance and performance | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Work/volunteering experience, how to access careers advice | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Outside activities and interests | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Disclosure to college/university/employer | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| **Psychosocial (P)** | | | | | | | | |  | | |  | | | |  | | | |  | | | | |  | |
| 1. Self-esteem/self confidence | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Body/self-image | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Peer relationships | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Support networks/family/disclosure to friends | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Coping strategies | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| **Co-ordination and continuity of care (C)** | | | | | | | | |  | | |  | | | |  | | | |  | | | | |  | |
| 1. Knows key team members and their roles | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Uses Health Information Passport and/or ACP | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Knows where to get help | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Accesses urgent care including A&E and ward visit | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Understands role of Lead Consultant | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Understands changing role of GP | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| 1. Understands role of Keyworker | | | | | | | | | □ | | | □ | | | | □ | | | | □ | | | | | □ | |
| Planning transition (1-4) | | Signature | | | | | | | | | | | | | | | | Date | | | | | | | | |
| Starting out (5&6) | | Signature | | | | | | | | | | | | | | | | Date | | | | | | | | |
| Moving on (7&8) | | Signature | | | | | | | | | | | | | | | | Date | | | | | | | | |
| Settling in (9&10) | | Signature | | | | | | | | | | | | | | | | Date | | | | | | | | |
| **Transition discussion notes** *(e.g. goals, exceptions, discussion points, signposting & to whom)* | | Signature | | | | | | | | | | | | | | | | Date | | | | | | | | |
| **Consent to refer to adult services** | | Signature | | | | | | | | | | | | | | | | Date | | | | | | | | |
| **Section** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Notes** | | | | | | | | | | | | | | | | | | | | | | | **Date** | | **Initial** |
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| **Resources (please specify)** | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | **Initial** |
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| Offer copy of clinic letters | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
| Multidisciplinary Transition Planning meeting | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
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