| **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**  |
|  |
| **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 |
|  |
| **Transition plan supporting information** |
|  |
| 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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