

TRANSITIONS CHECKLIST

YOUNG ADULTS WITH NEUROLOGIC DISORDERS

Patient Name:

Date of Birth:

Primary Diagnosis:

Transition Complexity: (low, moderate, or high)

TRANSITION POLICY

Practice policy on transition discussed/shared with youth and parent caregiver. Date: _____

TRANSITION READINESS ASSESSMENT

Conducted transition readiness assessment. Date: _____ Date: _____ Date: _____

Included transition goals and prioritized actions in plan of care. Date: _____ Date: _____ Date: _____

MEDICAL SUMMARY AND EMERGENCY PLAN

Updated and shared medical summary and emergency plan. Date: _____ Date: _____ Date: _____

ADULT MODEL OF CARE

Decision-making, privacy, and consent in adult care discussed with youth and parent/caregiver. If needed, discussed plans for supported decision-making. Date: _____

Timing of transfer discussed with youth and parent/caregiver. Date: _____

Adult provider selected; Date: _____ Provider Name & Contact Information:

First appointment completed; Date: _____

TRANSFER OF CARE

Comprehensive transfer package, including the following, sent. Date: _____

Transfer letter, including effective of date of transfer of care to adult provider

Final transition readiness assessment

Plan of care, including goals and actions.

Updated medical summary and emergency care plan.

Legal documents, if needed.

Condition fact sheet, if needed.

Additional provider records, if needed.

Communicated with adult provider about transfer. Date: _____

Elicited feedback from young adult after transfer from pediatric care. Date: _____