

Name: DoB:

Hospital No: NHS no:



IMPORTANT INFORMATION – PATIENT HANDHELD COPY TO BE BROUGHT TO MEDICAL APPOINTMENTS

Transition Key Information

Young Person's Details			
Name:	DOB:	Sex: <input type="text"/>	Gender identity <input type="text"/>
Address:	NHS Number:		
Postcode:	Hospital Number:		
Telephone Number:	First Language:		
Email:	Interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Next of Kin:	Next of Kin Address:		
Relationship:	Telephone Number:		
Diagnosis:	Allergies:	Transition tool completed? (i.e Ready , Steady , Go , Hello) Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>	
Medical History:	Current medication:		
Professional's involved including contact details:			
Consent: Safeguarding concerns? Yes <input type="checkbox"/> No <input type="checkbox"/> Social worker? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Name: EHCP Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this young person have capacity? Yes <input type="checkbox"/> No <input type="checkbox"/> If no - has 'best interest decisions' been discussed? Yes <input type="checkbox"/> No <input type="checkbox"/> Respect Document? Yes <input type="checkbox"/> No <input type="checkbox"/> Advanced Care Plan (ACP)? Yes <input type="checkbox"/> No <input type="checkbox"/> Health Passport? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Expected level of self-management after transition: Are there any reasonable adjustments required? i.e parental/next of kin involvement to continue.	<input type="checkbox"/> Independent	<input type="checkbox"/> Assisted	<input type="checkbox"/> Fully supported

Is this young person's condition currently stable? If no, please give further details below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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GP Requirements post transition	
Date of last review:	Next due:
Date of last bloods:	Next due:
Date of last medication review:	Next due:
Form completed by:	
Date form filled in:	
Date of transfer to GP:	
Young person and next of kin aware of transition and transfer: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Any other relevant information