



Transition Record

TRANSFER FROM PAEDIATRIC/ADOLESCENT DIABETES SERVICES TO YOUNG ADULT DIABETES SERVICES TRANSITION RECORD							
NAME:					NHI:		
CONTACT EMAIL:					CONTACT NUMBER		
DIAGNOSIS (DATE) & OTHER HEALTH CONCERNS:					ALLERGIES:		
Medication/Treatment Regime							
Pump Therapy YES / NO Special Authority Number; initial funding criteria and pre pump HbA1c (if relevant):							
WEIGHT: kg/m2	kgs HEIGHT:			cm	BMI:		
Screening Status							
Retinopathy	ACR	Lipids		Thyroid	Coeliac Disease	Antibody Status	
// □ Not checked	//_ □ Not checked	//_ □ Not checked	I	//_ □ Not checked	//_ □ Not checked	_//_ □Not checked	
□ Minimal □ Mild □ Mod □ Severe	□ ABN □ Nil ABN Treatment □ ACEI □ ARB □ Nil	□ ABN □ Nil ABN		□ ABN □ Nil ABN	□ Gluten Free □ Not treated	□ +ve GAD □ +ve IA2 □ +ve GAD & IA2	
Transition Lead	Date of referral to adult service	Planned receiving adult service and			·	Date of due capture	
Transition Status ☐ In process awaiting capture ☐ Completed and captured Additional comments/ Young person's graph of the complete of the capture of the						n's goals	
General Practitioner Practice Name Address: Telephone:							
Name:		Practice Name			Telephone:	·	
OTHER RELEVANT NOTES (e.g. outstanding follow up at time of transfer of care ;)							

Adapted for use within NZ with permission from the Transition Support Service, The Royal Children's Hospital (RCH) Melbourne. January 2017.