



Transition Consent & Satisfaction Survey

For the young person to complete

Has your experience preparing for transition been positive? **YES / NO** (please circle)

Are there any areas that have not been addressed that you are unsure of and would like to discuss further? **YES / NO** (please circle)

If yes, please explain

Do you consent for your health information to be shared with adult services? **YES / NO** (please circle)

If No, please explain

Are you happy to be contacted in 6months about your transition? **YES / NO** (please circle)

Your Email: _____ Your cell-phone: _____

Are you happy for Paediatric services to check you have attended your first appointment at adult diabetes clinic? **YES / NO** (please circle)

For the Parent / Carer to complete

Has your experience preparing for Transition been positive? **YES / NO** (please circle)

Is there anything you would change about the Transition process? **YES / NO** (please circle)

If you would change something about the transition process what would it be?