



Health Care Provider Readiness assessment (Paediatric &/or adolescent)

Patient Name: _____

Planned Receiving Service: _____

Date of outgoing Referral ____ / ____ / ____ First Follow Up at adults due ____ / ____ / ____

Name of Transition Coordinator: _____

Health Care Skills	Can explain	Relies on Parent(s)	Flagged Need	Comments
Understands condition and current health status				
Prepares questions for doctors, nurses, therapists				
Knows medications and what they do				
Has undergone education related to options for insulin regimens and has actively chosen his/her current treatment regimen				
Can explain precautions around driving				
Can explain implications of risk taking behaviours				
Understands and can explain importance of long term screening for diabetes complications				
Sees Consultant and other health workers by self				
Can explain differences between adult and paediatric services: HbA1c collection, fu cycle, clinic model, etc,				
Is able to get a prescription refilled				
Keeps a calendar of appointments				
Know health emergency telephone numbers				
Pre-Transfer Checklist	Yes	No	Dates	Comments
Has the patient and /or family agreed <i>in principle</i> to pursue the transition process and ultimate transfer to an adult health care setting and engaged in all aspects of the preparation process				
Has the patient and/or family decided on private or public based care options				
Has a formal referral been undertaken				
Have all allied health professionals been informed of the transfer of this patient?				
Have all family members, respite staff etc been informed of the upcoming transfer?				TN Prep Pack sent <input type="checkbox"/>
Can the patient describe where adult services are located?				
Does the patient have a name and contact number of a person/s to contact at the adult services?				Adult Brochure issued <input type="checkbox"/>

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