



Transition Preparation Pack

Dear _____,

Re: your upcoming transition from Paediatric Diabetes Services to Adult/Young Adult Diabetes Services.

We write to let you know that your next scheduled clinic appointment on ____ / ____ / ____ will be your final appointment within the Paediatric Diabetes Service. At this appointment you will be meeting with the diabetes doctor for review of your management but also meeting with members of your Transition team for final reviews. The appointment will take at least an hour.

In preparation for this we would like you to complete the attached Transition Readiness Self-Assessment Survey which is designed to support young people through the transition process. We would also like you to think about your goals in relation to your transition and write down what is most important to you. A Transition Consent and Satisfaction survey is also enclosed for you and your parent(s)/carer to complete. Please bring all of these documents with you to clinic and be ready to discuss any concerns or questions you may have about your transition.

Information relating to health management that young people need to understand to safely move into adult services can be found at <https://www.starship.org.nz/patients-parents-and-visitors/youth-transition/diabetes-service/starship-diabetes-adolescent-transition-programme-and-clinics/>. This website includes information relating to lifestyle management around use of alcohol, sexual health and driving specifically in relation to having diabetes. Young people with diabetes also need to understand long term risks of having diabetes and how to reduce this risk. These are the types of things that you can discuss openly with your transition team.

If you have any questions or concerns about your upcoming transition please do not hesitate to contact your diabetes team.

Yours Sincerely

Adolescent Transition Coordinator/Team

Transition Readiness Self-Assessment (Paediatric &/or adolescent) Part 1

This survey is designed to support young people getting ready to transfer to adult diabetes services. Think carefully about the following statements and make notes to discuss with your Transition team.

ADULT DIABETES CLINIC INFORMATION	YES	NO	Notes to discuss with transition team
I speak up for myself and can tell health professionals what I need			
I can identify types of health professionals I need to see as an adult with diabetes			
I have a GP I feel connected to and will continue to see as an adult			
I know that I have a right to bring a "support person" with me to clinics			
I know that I need to ask about the process for obtaining on-going prescriptions as this may be different to paediatric clinics			
I know that I need to ask about the process for HbA1c monitoring as this may be different to paediatric clinic			
I know I need to ask about how I can access support with my diabetes management between clinics			
I know I need to ask about the process for rescheduling clinic appointments			
I know where my adult service is located			
I know my planned date of transfer and am happy with this plan			
MY DIABETES MANAGEMENT			
I can describe my diabetes to others			
I can describe long term health complications of diabetes and how to reduce my risk of developing them			
I know how to keep myself safe if I get sick			
I understand how my medications work and why I need to take them			
I am happy with my current treatment regime			
I have regular dental checks			
I am aware of available financial supports that I can access when I move out of home (disability allowance)			
YOUTH HEALTH			
I understand what confidentiality and privacy means			
I understand that I have a right to confidentiality and privacy within clinic appointments			
I know how to avoid risks such as STI's (and pregnancy as relevant)			
I can explain the risks in relation to diabetes and alcohol, drugs and/or cigarettes and know how to keep myself safe			
I can explain the risks in relation to driving and diabetes and know how to keep myself and others safe			
I often feel sad or blue			
I feel confident in my ability to talk to others if I am feeling sad or blue			

Transition Readiness Self-Assessment (Paediatric &/or adolescent). Part 2

TRANSITION GOALS

The main things I would like to discuss with my transition team are:

- 1.
- 2.
- 3.

The main things I am worried about in transitioning to adult services are:

- 1.
- 2.
- 3.

The main things in my life I want to focus on for the next little while are:

- 1.
- 2.
- 3.

The main concerns I have related to my health are:

- 1.
- 2.
- 3.