



# Individual Transition Plan

*Insert patient sticker here*

**Today's Date:**

**This is the transition plan for:**

My email address is:

My phone number:

home  
mobile

Parent/Carer phone number:

My Key contact health professional is:

and can be contacted by phone on:

or email on:

## My Health Condition



The date planned for my transfer from paediatric to adult services is:

I give my consent to share my Transition Care Plan:

Yes

No

I give consent for my paediatric team to check that I am attending adult services after my care has been transferred.

Yes

No

Signed by:

Please print name:

Date:



The MOST important things in my life right now that I want my healthcare team to know are:

- 1.
- 2.
- 3.



The things I would like to talk about with my health providers are:

- 1.
- 2.
- 3.

My Health Care Team				
Role	Paediatric Teams		Adult Teams	
	Name	Contact details	Name	Contact details