



Children's Health Queensland  
Hospital and Health Service

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F  I

## Readiness to Transfer Checklist

This checklist is for you to fill in with your Transition Lead – it will help identify what you already know about your health condition, and what you may need help with during transition, so you can transfer smoothly to the adult services. This should be completed by the young person transitioning or by a parent/ legal guardian for patients whom are unable to complete it themselves.

Healthcare Skills	I'm Confident	Need More Info	Notes	N/A
<b>Knowing My Condition</b>				
I can confidently name and explain my medical condition and treatment plan				
I know the symptoms or complications related to my health condition				
I am aware of any allergies I have and how to manage them				
<b>Medications and Treatment</b>				
I know the names of my medications and what they are for and the side effects				
I am responsible for administering my own medications				
I am responsible for getting a repeat of my prescriptions and having it filled				
I know which tests I have regularly and why I need them				
<b>Appointments</b>				
I can make my own appointments including rescheduling an appointment				
I have appointments with my doctor by myself				
I feel comfortable asking my doctor to provide further explanation if I am unclear about anything				
I know how to organise payment for appointments and treatments				
I know that every year I need a new referral from my GP for the specialist				
<b>Support / Wellbeing</b>				
I have a GP that I trust (your GP will become more important as the coordinator of your care once you transfer to the adult hospital)				
I know what to do if I become unwell or need urgent medical assistance (including after hours)				
I am aware of my healthcare rights and responsibilities				
I feel confident speaking up about my healthcare needs				
I have strategies/supports in place if I am feeling stressed or upset				

DO NOT WRITE IN THIS BINDING MARGIN

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Children's Health Queensland Hospital and Health Service wishes to acknowledge the contributions made by Mater Young Adult Health Centre Brisbane and the Royal Children's Hospital (RCH) Melbourne



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Healthcare Skills	I'm Confident	Need More Info	Notes	N/A
<b>Transition to Adult Health Service</b>				
I have been involved in my transfer plan and have a copy of my Integrated Transition Summary				
I have the contact details of my new healthcare staff at the adult service/s				
I know how to book and change appointments at my new adult service/s				
I have information about the differences between paediatric and adult health services		<input type="checkbox"/> Fact Sheet		
I have my first appointment booked at my new adult health service/s				
I know how to get to my appointment				
I have my own Medicare card and know what it's for				
<b>Lifestyle Factors</b>				
I would like to discuss relationship and sexual health matters my healthcare team		<input type="checkbox"/> Fact Sheet		
I would like to discuss with my healthcare team the effects of smoking, alcohol and drugs on my health condition		<input type="checkbox"/> Fact Sheet		
<b>Goals</b>				<b>Date completed</b>
1.				
2.				
3.				
4.				
5.				
<b>Comments</b>				
<b>Agreed and Ready for Transfer</b>				
<b>Clinician name:</b>	<b>Signature:</b>	<b>Young Person name:</b>	<b>Signature</b>	
<b>Date:</b>		<b>Date:</b>		

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