



Form Number
Draft 8
1/5/08

(Affix patient ID label here)

UR Number

Surname

Given Names

Date of Birth

Sex M F

The purpose of this form is to document the progress of the young person through the transition process from paediatric to adult care. This sheet must be filed into the patient record of the relevant organisation.

Step 1: Age 12-13 yrs

Information

1. Has an explanation and written information on the Transition Process been given to:

- Parents/Carers **Yes** **No** (circle appropriate box)
- Adolescent **Yes** **No** (circle appropriate box)

2. Has information been given on the [sweet.org.au website](http://sweet.org.au):

Yes **No** (circle appropriate box)

3. Has an estimated age at transfer been discuss with family?

Yes **No** (circle appropriate box)

4. If 'Yes' at what age is the adolescent expected to transfer?

Step 1 Completed (Sign off when completed)

Sign Off

Name:

Date:

Position:

Step 2: Age 12-13 yrs

Knowledge & Allied Health Assessments

5. Has an assessment of diabetes knowledge and education occurred?:

Yes **No** (circle appropriate box)

6. Has a dietary review occurred?

Yes **No** (circle appropriate box)

7. Has a mental health review occurred?

Yes **No** (circle appropriate box)

Education to be delivered at this time: (Tick box when complete)

Education

- | | |
|---|--|
| <input type="checkbox"/> About diabetes | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Diabetes Control | <input type="checkbox"/> 'Sick Day' Management |
| <input type="checkbox"/> Insulin Therapy & Adjustment | <input type="checkbox"/> Effects of Puberty on Diabetes |
| <input type="checkbox"/> Management of 'Hypo's' | <input type="checkbox"/> School Issues & School Camps |
| | <input type="checkbox"/> Diabetes Complication Screening |

Comment/s:

Step 2 Completed (Sign off when completed)

Sign Off

Name:

Date:

Position

Step 3: Age 15 yrs

Moving Towards Independence

8. Is the adolescent seeing their diabetes doctor alone for part of the visit?

Yes **No** (circle appropriate box)

9. Have options for adult care been discussed with the young person?

Yes **No** (circle appropriate box)


10. Has a dietary review occurred?

Yes **No** (circle appropriate box)

11. Has a mental health review occurred?

Yes **No** (circle appropriate box)

Education & Information	Additional education and information to be delivered at this time: (Tick box when complete)	
	<input type="checkbox"/> Alcohol & Related Issues <input type="checkbox"/> Smoking & Recreational Drugs <input type="checkbox"/> Feelings and Emotions - Burnout <input type="checkbox"/> Confidentiality	<input type="checkbox"/> Government Allowances <input type="checkbox"/> Diabetes & Sexuality <input type="checkbox"/> What to expect from a medical consultation
	Comment/s:	
Sign Off	Step 3 Completed (Sign off when completed)	
	Name:	Date: Position:
Step 4: Age 16-17 yrs Assigning a Case Manager	12. Has a Case Manager been assigned? Yes No (circle appropriate box)	
	13. If 'Yes' state: Name: Position:	
	Step 4 Completed (Sign off when completed)	
Sign Off	Name:	Date: Position:
Step 5: Age 16-17 yrs Knowledge Assessment	14. Re-assess diabetes knowledge & skills <input type="checkbox"/>	
	15. Is general diabetes knowledge as outlined in Step 2 up-to-date? Yes No (circle appropriate box)	
	16. Is knowledge on topics outlined in Step 3 up-to-date Yes No (circle appropriate box)	
	Comment/s:	
	17. Discuss health care options & choice of adult provider following transfer <input type="checkbox"/>	
	18. Dietary review <input type="checkbox"/>	
	19. Mental health review <input type="checkbox"/>	
	Additional information and education to be delivered at this time: (Tick box when complete)	
	<input type="checkbox"/> Getting a Driver's Licence <input type="checkbox"/> Travel & Diabetes <input type="checkbox"/> NDSS <input type="checkbox"/> Health Care System & Costs	<input type="checkbox"/> Tertiary Studies & Employment <input type="checkbox"/> Diabetes & 'Schoolies' Week <input type="checkbox"/> How to actively participate in a consultation
	Comment/s:	
Transition Clinic/Visit	20. Are joint or alternating visits occurring with the paediatric and adult services? Yes No (circle appropriate box)	
	21. If 'No' what action will be taken to engage an adult service in this young person's care:	

	<p>Form Number</p>	<p>(Affix patient ID label here)</p> <p>UR Number</p> <p>Surname</p> <p>Given Names</p> <p>Date of Birth</p> <p>Sex <input type="checkbox"/> M <input type="checkbox"/> F</p>
<p>Sign Off</p>	<p>Step 5 Completed (Sign off when completed)</p> <p>21. Name: Date: Position:</p>	
<p>Step 6: Age 18+ yrs Transfer</p> <p>Checklist</p>	<p>The age that the young person finally transfers to an adult diabetes service or clinic will depend on their individual needs and whether there is an adult diabetes service available in their area.</p> <p>Most places transfer young people when they turn 18 years or when they finish school.</p> <p>(Tick box when complete)</p> <p>22. Prior to transfer re-assess diabetes knowledge and skills <input type="checkbox"/></p> <p>23. Address diabetes education deficits <input type="checkbox"/></p> <p>24. Arrange dietary review <input type="checkbox"/></p> <p>25. Arrange Mental Health review <input type="checkbox"/></p> <p>26. Arrange appropriate prescriptions <input type="checkbox"/></p> <p>27. Written referral sent to adult service/doctor <input type="checkbox"/></p> <p>28. Appointment with adult service/doctor <input type="checkbox"/></p> <p>29. Details of adult service/doctor:</p> <p>Name:</p> <p>Address:</p> <p>Type of Service/Doctor: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> (Tick appropriate box)</p> <p>30. Appointment: Date: Time:</p> <p>31. Appointment details given to young person <input type="checkbox"/></p> <p>32. Discharge Summary complete & sent to adult service/doctor <input type="checkbox"/></p> <p>33. Date of Transfer:</p>	
<p>Sign Off</p>	<p>Step 6 Completed (Sign off when completed)</p> <p>Name: Date: Position:</p>	
<p>Step 7: Age 18+ yrs</p> <p>1st Follow-up</p>	<p>Due to the high number of young people lost to diabetes specialist follow-up after transfer, the Case Manager should remain in contact for around 6 months after transfer (minimum of 2 contacts)</p> <p>34. Date of first contact post transfer:</p>	

