

**TRANSITION CHECKLIST AND TIMELINE
FOR MEDICAL CARE PROVIDERS**DIVISION OF SPECIALIZED CARE
FOR CHILDREN

Instructions: To assist adolescent patients and their families in the transition process the following checklist and timeline should be applied as appropriate to each adolescent patient. The timeline should be modified as developmentally appropriate for each individual.

MEDICAL CARE	Ages 11-13	Ages 14-16	Ages 17-19	Ages 20-22
Meet privately with the adolescent for part of the office visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Encourage the adolescent to assume increasing responsibility for his/her medical care management</i>				
<ul style="list-style-type: none">Assure the adolescent understands his/her health condition and medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Encourage the adolescent to ask questions during each office visit and to make his/her appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Provide parents with the opportunity to discuss their feelings about loss of control, concerns about the future and increasing the adolescent's independence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Send copies of reports, letters and tests to the adolescent and family.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Encourage the adolescent to maintain a personal health record book to keep track of medical appointments, health information, history, medications, treatments and medical care providers.			<input type="checkbox"/>	<input type="checkbox"/>
<i>Provide anticipatory guidance</i>				
<ul style="list-style-type: none">Nutrition and fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Sexuality and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Substance abuse and smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Genetic risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Assess the adolescent's and the family's readiness for transfer to an adult health care provider</i>				
<ul style="list-style-type: none">Initiate discussion about transfer to an adult health care provider.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Discuss choices for adult care and assist in identifying possible care providers.			<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Encourage patient to meet and interview adult providers.			<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Initiate communication with the adult provider that the family and adolescent has selected.			<input type="checkbox"/>	<input type="checkbox"/>
<i>Implement the transfer to an adult care provider</i>				
<ul style="list-style-type: none">Transfer medical records.			<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Discuss nuances of care with the adult provider.			<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Follow-up after the transfer.			<input type="checkbox"/>	<input type="checkbox"/>

TRANSITION CHECKLIST AND TIMELINE – PAGE 2 (Optional)

LEGAL ISSUES	Ages 11-13	Ages 14-16	Ages 17-19	Ages 20-22
<p>Assess the adolescent's/young adult's ability to make independent decisions regarding medical care, finances and other adult concerns for determining whether there is a need for guardianship/conservatorship.</p> <ul style="list-style-type: none"> Initiate referral for assessment of competence if needed. Provide medical documentation. Follow-up on the process with the family. 			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EDUCATION				
<ul style="list-style-type: none"> Advise families that at age 18 a student will have the right to make all decisions regarding his/her education unless other legal actions have been taken. Encourage the adolescent to participate in his/her Individualized Education Program (IEP) planning process and/or 504 Plan. Make sure the adolescent and family are aware of the federal law regarding transition planning at age 14 for students with IEP/504 Plans. Discuss with the adolescent plans for further education beyond high school. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EMPLOYMENT				
<ul style="list-style-type: none"> Initiate discussion of different routes to employment such as higher education, technical training or supported employment. Encourage the adolescent and family to explore community vocational opportunities and to become familiar with vocational services, even if further education is planned. Encourage the adolescent and family to contact local and state agencies involved in employment services and financial support of work incentives. 	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
RECREATION				
<ul style="list-style-type: none"> Discuss in-home and community recreation options. Help families develop strategies to foster friendships and avoid social isolation. Share health care information that may affect the adolescent's ability to participate in recreational activities. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Adapted from the Institute for Community Inclusion at Children's Hospital, Boston: Provider Transition Checklist and Timeline