Sample Transfer of Care Checklist

Preferred name	Legal name	Date	of birth
Primary diagnosis			
Social/Medical complexity information			
TRANSFER OF CARE			
Prepared transfer package including:		Date	
□ Transfer letter, including date of transfe	r of care		
□ Final transition readiness assessment			
\Box Plan of care, including transition goals and prioritized actions			
Medical summary and emergency care plan			
Guardianship or health proxy documents, if needed			
\Box Condition fact sheet, if needed			
□ Additional clinician records, if needed			
Sent transfer package		Date	

Communicated with adult clinician about transfer



Transitioning Youth to an Adult Health Care Clinician Six Core Elements of Health Care Transition[™] 3.0 got transition.

Date

© 2020 Got Transition®. Non-commercial use is permitted, but requires attribution to Got Transition for any use, copy, or adaption.