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

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