

# 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 transfer of care
- Final transition readiness assessment
- Plan of care, including transition goals and prioritized actions
- Medical summary and emergency care plan
- Guardianship or health proxy documents, if needed
- Condition fact sheet, if needed
- Additional clinician records, if needed

Sent transfer package

*Date*

Communicated with adult clinician about transfer

*Date*