

TRANSITIONS PACKAGE

YOUNG ADULTS WITH NEUROLOGIC DISORDERS

Patient Name:

Date of Birth:

Primary Diagnosis:

TRANSFER OF CARE

- Comprehensive transfer package, includes:
 - Transfer letter, including effective of date of transfer of care to adult provider
 - Self-care assessment, completed by patient or caregiver, as appropriate.
 - Plan of care, including goals and actions.
 - Updated medical summary and emergency care plan.
 - Legal documents, if needed.
 - Condition fact sheet, if needed.
 - Additional provider records, if needed.
 - Sent on Date:** _____
- Communicated with adult provider about transfer. **Date:** _____
- Elicited feedback from young adult after transfer from pediatric care. **Date:** _____

Additional comments/notes: _____
