

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: _____

