



Queensland
Government

Nutrition Knowledge Checklist for Transfer to Adult Care

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

The purpose of this form is to document the nutritional awareness of the young person through the transition process from paediatric to adult care. This sheet must be filed into the patient record of the relevant organisation.

A photocopy of this progress sheet should be included with the patient's documentation:

- At time of transfer to an adult service, *OR*
- If transferred to another health service during the transition process.

Please note the following guidelines when administering this form:

1. It is not a necessity for all education to be complete before transition; this is a guide for further education.
2. Please refer to other Health Care Professionals eg. Diabetes Educators, Dietitians as needed for further education.
3. Some of these education subjects may be discussed with other Health Care Professionals, such as alcohol or exercise.

Client demonstrates appropriate understanding of...	Yes	No	Comments
Healthy Eating Guidelines (individualised to client) and maintaining a healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	
Establishing regular mealtime routines and managing excessive snacking	<input type="checkbox"/>	<input type="checkbox"/>	
The effect of carbohydrates on blood glucose levels, and able to discuss application of this knowledge to management of individual insulin regime	<input type="checkbox"/>	<input type="checkbox"/>	
Carbohydrate management at home and when eating out/away from home	<input type="checkbox"/>	<input type="checkbox"/>	
The effect of physical activity on BGLs	<input type="checkbox"/>	<input type="checkbox"/>	
The effect of Glycaemic Index on BGL management	<input type="checkbox"/>	<input type="checkbox"/>	
The potential effect of fat and protein on blood glucose levels (not necessary to teach unless indicated)	<input type="checkbox"/>	<input type="checkbox"/>	
The potential effect of alcohol and other drugs on blood glucose management	<input type="checkbox"/>	<input type="checkbox"/>	

DO NOT WRITE IN THIS BINDING MARGIN

v1.00 - 11/2020
WINC Code:



SW1056

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