



Queensland
Government

Readiness to Transfer Checklist

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

This checklist is for you to fill in with your Transition Lead – it will help identify what you already know about your health condition, and what you may need help with during transition, so you can transfer smoothly to the adult services. This should be completed by the young person transitioning or by a parent/legal guardian for patients whom are unable to complete it themselves.

Healthcare skills	I'm confident	Need more info	Notes	N/A
Knowing My Condition				
I can confidently name and explain my medical condition and treatment plan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I know the symptoms or complications related to my health condition	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I am aware of any allergies I have and how to manage them	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Medications and Treatment				
I know the names of my medications and what they are for and the side effects	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I am responsible for administering my own medications	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I am responsible for getting a repeat of my prescriptions and having it filled	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I know which tests I have regularly and why I need them	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Appointments				
I can make my own appointments including rescheduling an appointment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I have appointments with my doctor by myself	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I feel comfortable asking my doctor to provide further explanation if I am unclear about anything	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I know how to organise payment for appointments and treatments	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I know that every year I need a new referral from my GP for the specialist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Support/Wellbeing				
I have a GP that I trust (your GP will become more important as the coordinator of your care once you transfer to the adult hospital)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I know what to do if I become unwell or need urgent medical assistance (including after hours)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I am aware of my healthcare rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I feel confident speaking up about my healthcare needs	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I have strategies/supports in place if I am feeling stressed or upset	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

DO NOT WRITE IN THIS BINDING MARGIN

v1.00 - 11/2020
WINC Code:



SW1072

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Transition to Adult Health Service				
I have been involved in my transfer plan and have a copy of my 'Integrated Transition Summary'	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I have the contact details of my new healthcare staff at the adult service(s)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I know how to book and change appointments at my new adult service(s)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I have information about the differences between paediatric and adult health services	<input type="checkbox"/>	<input type="checkbox"/> Fact sheet		<input type="checkbox"/>
I have my first appointment booked at my new adult health service(s)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I know how to get to my appointment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
I have my own Medicare card and know what it's for	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Lifestyle Factors				
I would like to discuss relationship and sexual health matters with my healthcare team	<input type="checkbox"/>	<input type="checkbox"/> Fact sheet		<input type="checkbox"/>
I would like to discuss the effects of smoking, alcohol and drugs on my health condition with my healthcare team	<input type="checkbox"/>	<input type="checkbox"/> Fact sheet		<input type="checkbox"/>
Goals				Date completed
1.				
2.				
3.				
4.				
5.				
Comments				
Agreed and Ready for Transfer				
Young person name:		Signature:		Date:
Clinician name:	Designation:	Signature:	Date:	

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