



Queensland  
Government

## Diabetes Transition Progress Sheet (Phase One)

Planning Phase (12–14 years)

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 progress 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 young person's documentation:**

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

### Starting Transition

Starting date of transition process: ..... / ..... / .....

Age of young person at this time: .....

Information (tick box when completed)

1. A copy of the patient information brochure 'What is Transition in Diabetes?' (<https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/statewide-clinical-networks/diabetes>) has been provided to:

☐ Parents/carers ☐ Adolescent

2. An estimate age for transfer has been discussed with the family?

☐ Yes ☐ No If Yes, please specify age discussed: .....

Comments:

### Phase One Education

Topic	Resources provided*	Delivered by (name)	Designation	Signature	Date provided
What is diabetes?					
Insulin therapy and insulin adjustment					
Management of hypoglycaemia					
Exercise and diabetes					
Glucose monitoring and targets					
Sick day management					
Management at school and camps					
Effects of puberty on diabetes					
Diabetes and complication screening					

**\*NB: A comprehensive list of additional resources on these topics are available at:**

<https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/statewide-clinical-networks/diabetes>

Please list any other resources provided:

### Phase One Transition Tasks

Transition task	Assessor name	Designation	Signature	Date
An assessment of diabetes knowledge has occurred				
A Psychology review has occurred				
A Dietary review has occurred				
Medical approval to transition				

### Phase One Completed (sign off when completed)

Name:	Designation:	Contact number:
Centre/location:	Signature:	Date:

DO NOT WRITE IN THIS BINDING MARGIN

V1.00 - 11/2020

WINC Code:



SW1058

DIABETES TRANSITION PROGRESS SHEET (PHASE ONE)