



Queensland
Government

Diabetes Transition Progress Sheet (Phase Two)

Planning Phase (14–16 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. An explanation and written information on the Transition Process has been given to: ☐ Parents/carers ☐ Adolescent
2. An estimate age for transfer has been discussed with the family? ☐ Yes ☐ No
If Yes, please specify age discussed:
3. Options for adult care have been discussed with the young person and their family: ☐ Yes ☐ No

Comments:

Phase Two Education

Please refer to the 'NSPCC Gillick competency and Fraser guidelines' for information and guidelines around delivering the below education topics with your patient and their parent/carer.

Topic	Education level	Delivered by (name)	Designation	Signature	Date of assessment
What is diabetes?	<input type="checkbox"/> Education complete <input type="checkbox"/> Requires further education				
Insulin therapy and insulin adjustment	<input type="checkbox"/> Education complete <input type="checkbox"/> Requires further education				
Management of hypoglycaemia	<input type="checkbox"/> Education complete <input type="checkbox"/> Requires further education				
Exercise and diabetes	<input type="checkbox"/> Education complete <input type="checkbox"/> Requires further education				
Glucose monitoring and targets	<input type="checkbox"/> Education complete <input type="checkbox"/> Requires further education				
Sick day management	<input type="checkbox"/> Education complete <input type="checkbox"/> Requires further education				
Management at school and school camps	<input type="checkbox"/> Education complete <input type="checkbox"/> Requires further education				
Effects of puberty on diabetes	<input type="checkbox"/> Education complete <input type="checkbox"/> Requires further education				
Diabetes and complication screening	<input type="checkbox"/> Education complete <input type="checkbox"/> Requires further education				
Confidentiality	<input type="checkbox"/> Education complete <input type="checkbox"/> Requires further education				
Government allowances	<input type="checkbox"/> Education complete <input type="checkbox"/> Requires further education				
What to expect from a medical consultation	<input type="checkbox"/> Education complete <input type="checkbox"/> Requires further education				
Feelings and emotions – burnout	<input type="checkbox"/> Education complete <input type="checkbox"/> Requires further education				

DO NOT WRITE IN THIS BINDING MARGIN

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WINC Code:



SW1059

DIABETES TRANSITION PROGRESS SHEET (PHASE TWO)



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URN:

Family name:

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Phase Two Education (continued)

Topic	Education level	Delivered by (name)	Designation	Signature	Date of assessment
Obtaining a driver's licence	<input type="checkbox"/> Education complete <input type="checkbox"/> Requires further education				

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 comment on any other resources used:

Knowledge and Allied Health Assessments

Assessment	Assessor name	Designation	Signature	Date
Adolescent is seeing their Diabetes doctor alone for part of the visit				
A Psychology Review has occurred				
A Dietary Review has occurred				
All Diabetes knowledge has been assessed				

Phase Two Education (to be provided at 16 years or when developmentally appropriate)

Topic	Delivered by (name)	Designation	Signature	Date of assessment
Healthcare system and costs				
Alcohol and related issues				
Smoking and recreational drugs				
Diabetes and sexuality				
Diabetes and "Schoolies week"				
Tertiary studies and employment				
Obtaining a Medicare Card				
How to actively participate in a consultation				
NDSS				
Travel and diabetes				
M-WIKAD survey				
Readiness transfer checklist completed				
Seeing clinicians on their own				

Phase Two Completed (sign off when completed)

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

DO NOT WRITE IN THIS BINDING MARGIN