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Contact: statewide_diabetes_network@health.qld.gov.au

Queensland Government

Diabetes Transition Progress Sheet (Phase Four)

Planning Phase (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.

Follow-up

First follow-up: ..... / ..... / .....

Date of first contact post-transfer: ..... / ..... / .....

Is the young person attending the adult service/doctor they were transferred to: ☐ Yes ☐ No

If *No*, please comment: .....

Subsequent contact date: ..... / ..... / .....

Knowledge and Allied Health Assessments

Assessment	Assessor name	Designation	Signature	Date
A Psychology Review has occurred – 6 month review				
A Dietitian Review has occurred – 6 month review				
A Diabetes Educator review has occurred – 6 month review				

Comments (any outstanding issues still present):

End of Transition Evaluation: Please ask your patient to complete the *'Transition Evaluation (Patients)'* (https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/statewide-clinical-networks/diabetes).

Phase Four Completed (sign off when completed)

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

Example only
Not for Use

DO NOT WRITE IN THIS BINDING MARGIN

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DIABETES TRANSITION PROGRESS SHEET (PHASE FOUR)