



Transition of healthcare template

Name

Date of birth

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary
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Liver diagnosis

Medical antecedents

Age at/date of diagnosis

Liver transplantation

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Age at/date of liver transplantation

Co-morbidities

ERN Registry

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Registry details
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Last review

<input type="checkbox"/> Outpatient	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Date
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Medications

Psycho-social assessment

Home		
<input type="checkbox"/> Parents/ carers	<input type="checkbox"/> Independent living	<input type="checkbox"/> Supported living
Currently in education		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> Secondary	<input type="checkbox"/> University
Need for educational support		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Psycho-social assessment

Currently in employment		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, part-time	<input type="checkbox"/> Yes, full-time
Identified barriers to adherence		
Medication adherence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appointment adherence	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Psycho-social assessment

Alcohol and recreational drugs

Alcohol intake Yes No

Tobacco Yes No

Others Yes No

Mental health concerns

Yes No

Diagnosis

Under the care of mental health services

Yes No

Treatment

Special needs/ Developmental delay

Yes No

Introducing the document

This template aims to improve the communication and information transfer from pediatric services to the adult department, facilitating a smoother transition of care for patients.

Feel free to adapt this template to fit the specific processes and needs of your clinic.

Patients have the right to access information regarding their health and treatment.

Transition

Seen in dedicated transition clinic

Yes No

If yes,

Paediatric Adult Joint paediatric adult

Who was involved in the care?

CNS Clinical psychologist Transition coordinator

Social worker Paediatric hepatologist Adult hepatologist

If no, when and where will the patient be seen

Additional information

Contact details

Paediatric Hepatology

Adult Hepatology

Preferred contact for patient

Mobile

Email if appropriate