



American Society of Hematology

Individual Transition Flow Sheet-Pediatric

Contact Information		
Name:	Preferred Name:	
DOB:		
Address:		
Cell #:	Home#:	Best Time to Reach:
Email:		
Health Insurance/ Plan:		Group and ID #:

Transition Policy:	
Practice policy on transition discussed/shared with patient and (caregiver)	Date (dd/mm/yy):
Transition Readiness Assessment:	
12-14 years old	
<i>Sharing transition policy and Transition Readiness Assessments</i>	<i>Date (dd/mm/yy)</i>
Practice policy of transition discussion with patient and caregiver	
Sign patient up for medical record log-in (ex. MyChart)	
Transition readiness assessment Age 12 years • Education Goals:	
Transition readiness assessment Age 13 years • Education Goals:	
Transition readiness assessment Age 14 years • Education Goals:	
15-18 years old	
<i>Transition Readiness Assessments and Education on Identified Needs</i>	<i>Date (dd/mm/yy)</i>
Transition readiness assessment Age 15 years • Education Goals:	
Transition readiness assessment Age 16 years • Education Goals:	
Transition readiness assessment Age 17 years • Education Goals:	
Transition readiness assessment Age 18 years • Education Goals:	
Develop Medical Summary and review annually	

19-21 years old	
<i>Transfer of Care</i>	<i>Date (dd/mm/yy)</i>
Transition readiness assessment Age 19 years • Education Goals:	
Transition readiness assessment Age 20 years • Education Goals:	
Transition readiness assessment Age 21 years • Education Goals:	
Continue annual review of Clinical Summary	
Financial Support—ensure insurance continuation	
Determine adult clinic to which patient will be transitioned Name:	
Determine when patient will be transitioned	
Introductions to adult program and staff—virtually or in person	
3 Months Pre-transition	
Date scheduled for 1st adult clinic visit	
Date scheduled for Pediatric and Adult teams huddle (discussion of patient)	
Patient Transition Needs Survey: • Needs:	
Address needs from Transition Needs Survey	
2-4 Weeks Pre-transition	
Medical Release of Information Signature	
Transfer and review of Individualized Clinical Summary and records: • Blood bank • Transfusion Unit • Cardiology • Endocrinology • GI/Hepatology • Other	
Pediatric and Adult SW communication and sign-out	
3 Months Post-transition	
Check in with patient—did they complete their first adult visit?	
Post-transition Survey	