

American Society of Hematology

Individual Transition Flow Sheet (Adult)

Contact Information			
Name:	me: 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)	n discussed/shared with patient Date (dd/mm/yy):		
Transition Readiness Assessment:			
Most recent assessment, pre-transfer of care:			
Date performed:			
Items needing attention:			
	re-transition		
Pediatric Center Pre-adult Transition Evaluation Completed by adult team member Nurse or Social Worker at pediatric site		Date (dd/mm/yy)	
Intake Interview			
Thalassemia Transition Readiness Assessment Reviewed			
Clinical Summary Reviewed			
Patient Transition needs survey discussed Welcome packet provided Introductions to program and staff			
4-6 Weeks Pre-transition			
Release of Information Form completed			
Records from Pediatric Center received			
Follow-up on patient questions from previous visit Phone or in-person			
Date Scheduled for Pediatric/Adult huddle			
Date Scheduled for 1st Adult clinic visit			
Date Scheduled for 1st Adult center transfusion			
Date Scheduled for Adult Center tour			
2-4 Weeks Pre-transition			
Team Meeting/Huddle (Pediatric and Adult teams)			
Communication With Adult Team Members			
Blood Bank			
Apheresis/Transfusion Unit			
Cardiology			
Endocrine			
Gastroenterology/Hepatology			

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*EPIC Care Everywhere consent obtained		
*Welcome Packet provided (if not already)		
Pediatric and Adult Social Worker communication and sign out		
*Other		
*Other		
1st Office Visit (Adult Center)		
Thalassemia Clinic		
Meet with:		
Physician		
• Nurse		
Social Worker		
Other members		
Clinic tour		
Explanation of policies, protocols etc.		
Patient Tours Transfusion Unit/Blood Bank		
1st Blood Transfusion		
Adult Thalassemia Nurse/Social Worker visits patient		
1-3 months post-transition		
Pediatric center contact with patient (phone)		
Pediatric and adult program patient update/review, process review		
Date of next follow up clinic visit		
Post-transition survey		