

ENDOCRINOLOGY & DIABETES UNIT



Endocrinology Clinic
Phone: (604) 875-2117
Fax: (604) 875-3231
endodiab.bcchildrens.ca

DATE: _____

**TRANSITION 2: FOSTER INTERDEPENDENCE
BETWEEN YOUTH, PARENTS AND HEALTH CARE PROFESSIONALS
Grades 8-10, 14-15 Years of Age, Youth Focus**

ASSESSMENT (changes):

Family members; primary caregiver(s); pets: _____

School, sports, job, interests: _____

Diagnostic information, significant interventions: _____

Understanding (disclosure plan) and participation in health care: _____

Other non-endocrine health issues: _____

TOPICS FOR REVIEW:

SUMMARY/NEEDS:

1. _____ Youth's questions and concerns about the condition.
2. _____ Condition, management, options, risk-taking.
3. _____ Self-care skills, changes in responsibility.
4. _____ Plan for managing emergencies.
5. _____ Sexual health: relationships, fertility, genetics.
6. _____ Sources for further information.
7. _____ Receive appropriate handouts.
8. _____ Clarify parental concerns.

Plan for follow-up: _____

Date: _____ RN Signature: _____