

ONTRAC TRANSITION CLINICAL PATHWAY (COMPLEX) BIOCHEMICAL DISEASES

DATE INITIATED __/_/ DD MM YYYY DATE LAST CLINIC VISIT __/_/ DD MM YYYY

Preferred Name	Transfer Information Checklist				
Date of BirthPHN#					
Initiating Clinic	These people have been sent the most		/ ner	ist	
Diagnosis Primary	recent attachments (where applicable):	Youth/ Family	amily titio	Adult Specialist	
Secondary		> 12	Family Practitioner	Spe	
Secondary	Medical Transfer Summary				
Secondary	Condition-specific Checklists				
Youth Email	Psychology Assessments (All)				
Youth Cell #	Social Work Assessments (All)				
Mailing Address_	Relevant Recent Reports (labs, reports, imaging)				
	ECG & Echocardiogram (most recent only)				
Contacts Preferred Contact	MRI (most recent only)				
Phone	Bone Density Scan (Gaucher & Galactosemia patients only)				
Special Considerations	Muscle Biopsy Report				
	Genetic Testing results				
Need Interpreter Yes Language Non-verbal	Dietary Prescription				
Safety	Physiotherapy Report				
Mobility	Psycho-educational/Cognitive Assessment				
Behavior Concerns Autism Aggressive	Individual Education Plan (IEP)				
Current School	Specialist Consultation Reports (most recent)				
Cognitive Level at grade level Yes ☐ No ☐	Transition Care Management Plans				
Individual Education Plan (IEP) Yes ☐ No ☐					
Psycho-educational/Cognitive Assessment (Month/Year)					
Post-secondary Plans School Work Other					
First Nations Status No Yes Number					
Financial/Medication Assistance Yes No	Consents				
Contact	I agree to be contacted about my transition experience	up to fiv	ve years	after	
	leaving BC Children's Hospital				
MSP□ Fair Pharmacare□ Non-Insured Health Benefits (NIHB)□	Youth Signature				
Extended Health Benefits	Date				
Advanced Directives	Or Guardian/Representative Signature				
Eligibility CLBC CSIL PWD	, and the second				
Youth's strengths and concerns on transfer (to be completed	by youth, parent/family and/or health care team)				

Pediatric Health Care Team & Reco	mmendations		
Family Practitioner			Fax#
Address			
Frequency of visits Purpo			
Pediatric Specialist (s)		Phone#	Fax#
Date of First Visit		Type of Specialist	
Address			
Frequency of visits Purpo	ose		
Pediatric Specialist (s)		Phone#	Fax#
Date of First Visit		Type of Specialist	
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Date of First Visit			
Address			
Frequency of visits Purpo	ose		
Pediatric Specialist (s)			Fax#
Date of First Visit			
Address			
Frequency of visits Purpo			
Physiotherapist			Fax#
Address			
Frequency of visits Purpo			
Occupational Therapist			Fay#
Address			
Dietician			
Address			
Dentist			Fax#
Address			
Community Social Worker			
Email			
Child & Youth Special Needs			
Email			
Nursing Support Services		Phone#	Fax#
Email	Role		
At Home Program		Phone#	Fax#
Email			
Community Navigator			
Email			

Adult Health Care Team & Recommendations	s	
Family Practitioner	Phone#	Fax#
Address		
Frequency of visits Purpose		
Adult Specialist (s)	Phone#	Fax#
Date of First Visit	Type of Specialist	
Address		
Frequency of visits Purpose		
Adult Specialist (s)	Phone#	Fax#
Date of First Visit	Type of Specialist	
Address		
Frequency of visits Purpose		
Adult Specialist (s)	Phone#	Fax#
Date of First Visit	Type of Specialist	
Address		
Frequency of visits Purpose		
Adult Specialist (s)	Phone#	Fax#
Date of First Visit		
Address		
Frequency of visits Purpose		
Adult Specialist (s)	Phone#	Fax#
Date of First Visit		
Address		
Frequency of visits Purpose		
Adult Specialist (s)		Fax#
Date of First Visit		
Address		
Frequency of visits Purpose		
Adult Physiotherapist		Fax#
Address		
Frequency of visits Purpose		
Adult Occupational Therapist		Fax#
Address		
Adult Dietician		Fax#
Address		
Dentist	Phone#	Fax#
Address		
CLBC Facilitator	Phone#	Fax#
Address		
Frequency of visits Purpose		
Health Case Manager		
Address		
Purpose		

	Transition Clinical Pathway – User Key Provider Initial in □ when discussed C - 'Complete' IP - 'In Progress' – content to review at next visit N/A - 'Not Applicable' Comments - as required, or expanded in Transition Progress	s Notes				
www.ontracbc.ca -The Youth and Family Toolkits provide corresponding ON TRAC learning activities and resources for ALL of the indicators listed on the Transition Clinical Pathway(s).			The Complex Transition Clinical Pathway has been developed for youth who have complex health conditions including 2+ conditions and possibly cognitive, physical and emotional special needs. The goal is for youth to be engaged in their transition planning to the best of their ability and capacity, and where needed, assisted by others.			
	Team	Early	Middle	Transfer	Adult Care	Comments
		12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	
	Identifies a family member, friend and/or advocate who					
	will support youth through health care visits & transition					
	Confirms Family Practitioner (FP) and visits at least twice a year for primary care, ongoing care management, referrals, prescription refills, birth control or counselling					
	Identifies Adult physicians, clinics and/or teams, how					
	often to see them and for what					Comments
	Advocacy	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	Comments
	Describes and names health condition(s)					
	Asks questions and seeks out health care and transition information					
	Knows symptoms to report when youth getting sick or having complications from condition(s)					
	Aware of possible future health and late effects of condition and/or treatments					
	Understands the change in access to information, decision-making and providing consent as the youth reaches adulthood (Representation Agreements)					
	Independent Behaviours /	10 14	15 16	17 10	40.04	Comments
	Self or Shared Management	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	
	Assesses youth's abilities and expectations for self-care or directing others					
	Knows allergies to medications, food and/or other					
	Names medications, how taken, reasons for them and their side effects					
	Knows when and how to fill medication(s) prescriptions					
	Knows reasons for <u>all</u> tests (including blood tests) and how to access results					
	Describes emergency plan – who to call for what, carries emergency information and/or medic-alert					
	Knows how to make, why to keep and how to get to health care appointments					
	Keeps a personal health record – gets copies of letters,					
	reports and assessments Visits online toolkits and completes Youth Quiz and/or Parent & Family Checklist at your ontrache ca					

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	Transition Clinical Pathway – User Key					
	Provider Initial in when discussed					
	C - 'Complete'					
	IP - 'In Progress' – content to review at next visit					
	N/A - 'Not Applicable'					
	Comments - as required, or expanded in Transition Progres	ss Notes				
	Social Supports					Comments
	••	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	
	Discusses youth/parent/family concerns for transition					
	Identifies ways family and others can support youth					
	through transition		_	_	_	
	Describes activities, recreation, camps and sports outside					
	of school					
	Discusses any risks for bullying (in person or online)					
	Builds a personal network of friends, peers and mentors					
	with common interests					
	Explores if youth is feeling sad, depressed, anxious,					
	hopeless or has difficulty sleeping					
	Identifies groups and workshops about transition and					
	planning for adulthood					
	Educational / Vocational Plan	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	Comments
		-	-	_	•	
	Discusses school attendance, strengths, goals and/or concerns –may have an Individual Education Plan (IEP)					
	Understands how condition(s) may affect career choices –					
	need for Psycho-educational/Cognitive Assessment				_	
	Has a birth certificate, Proof of citizenship, BC I.D. card					
	and Social Insurance Number (SIN)					
	Discusses working for service hours, volunteering and					
	paid employment					
	Describes visions for after high school: education, work,					
	vocational programs					
	Aware of accessibility to scholarships, bursaries, career					
	counselling and/or disability programs					
	Registers with College/University student services for					
	special accommodation (for assistance, access or illness)					
	Identifies health care to plan for when moving out of home for work, school or travel					
	Living / Financial Plan					Comments
		12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	
	Deviews Transition Timelines for accessing convices in					
	Reviews Transition Timelines for accessing services in the Family Toolkit at www.ontracbc.ca				_	
	Understands eligibility and completes applications for					
	adult home care and services (CLBC, PWD, CSIL)					
	Discusses financial concerns for out-of-plan medications,					
	equipment, and home support/living/personal care					
	Applies for MSP, Fair Pharmacare, dental and extended					
	health or non-insured health benefits					
	Initiates financial tools as appropriate: Tax credits, Bank					
	account for 'Persons with Disabilities' (PWD), Registered					
	Disability Savings Plan (RDSP), Registered Education					
	Savings Plan (RESP), Will and Estate planning					
	Plans for guardianship and future financial planning; Representation Agreement, Will & Estate Planning					
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Provider Initial i C - 'Complete' IP - 'In Progress' N/A - 'Not Applic	cal Pathway – User Key n when discussed – content to review at next visit cable' required, or expanded in Transition Progre	ss Notes				
н	ealthy Relationships	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	Comments
Discusses chang impact of condition	ges in body, hygiene, and menstruation –					
Identifies who to	talk to about healthy relationships, risks exploitation, body boundaries and					
	event pregnancy and sexually					
fertility and child-	<u>v</u>					
Understands ne	ed for and access to genetic counselling					
Per	rsonal Health & Safety	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	Comments
Describes regula due to condition	r physical activity and any restrictions					
	y weight, special diets or concerns					
	ctions of alcohol, drugs, smoking with health www.drugcocktails.ca					
Discusses driving and aware of any restrictions – other						
means of transpo	Pre-Transfer					
Oncornst		firmed nex	kt FP visit 🛭	3 Sched	duled Last F	Pediatric Visit(s)
Transition Workshop Booked Appointment(s) to Adult Sp						
	Outstanding concerns: Post-Transfer					
	FP received Transfer Package* □ Adult Specialist(s) received Transfer Package* □					
Youth attended Adult Clinic – First Visit ☐ Second Visit ☐						
	*Transfer Package includes – Medical Transfer Summary, Transition Clinical Pathway and condition-specific documents, reports & assessments (as indicated on front sheet).					and condition-specific
Initial						

Transition Progr	ress Notes:	
Transition Progr Condition-		
specific Information		
A L II T		
Adult Team & Care providers		
Self or Shared		
Health Management		
goc.ii		
Financial/		
Living		

Transition Prog	ress Notes:	
Education/ Vocation		
Peer Support, Recreation &		
Leisure		
Sexual Health		
Safety		
Callety		