

**ON TRAC TRANSITION CLINICAL PATHWAY (COMPLEX)  
ONCOLOGY / HEMATOLOGY / BONE MARROW TRANSPLANT**

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

Preferred Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ PHN# \_\_\_\_\_  
Initiating Clinic \_\_\_\_\_  
Diagnosis Primary \_\_\_\_\_  
Secondary \_\_\_\_\_  
Secondary \_\_\_\_\_  
Youth Email \_\_\_\_\_  
Youth Cell # \_\_\_\_\_  
Mailing Address \_\_\_\_\_

**Contacts**  
Preferred Contact \_\_\_\_\_  
Phone \_\_\_\_\_

**Special Considerations**  
Need Interpreter Yes \_\_\_ Language \_\_\_\_\_ Non-verbal \_\_\_  
Safety \_\_\_\_\_  
Mobility \_\_\_\_\_  
Behavior Concerns \_\_\_\_\_ Autism \_\_\_\_\_ Aggressive \_\_\_\_\_  
Current School \_\_\_\_\_  
Cognitive Level at grade level Yes  No   
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   
Contact \_\_\_\_\_  
MSP  Fair Pharmacare  Non-Insured Health Benefits (NIHB)   
Extended Health Benefits \_\_\_\_\_  
Advanced Directives \_\_\_\_\_  
Eligibility CLBC  CSIL  PWD

**Transfer Information Checklist**

<i>These people have been sent the <b>most recent attachments</b> (where applicable):</i>	Youth/ Family	Family Practitioner	Adult Specialist
Medical Transfer Summary			
Summary at Transition to Long-Term Follow-up Clinic			
Psychology Assessment			
Psycho-educational/ Cognitive Assessment			
Social Work Assessment			
Speech/Language Plans			
Physiotherapy Report and Plan			
Occupational Therapy Report			
Oncology/Hematology/BMT LTFU Patient Educational Material Checklist			
Individual Care Plans (Nursing Support)			
Individual Education Plan (IEP)			
*Most Recent Echo/EEG (for <i>Transfers to Dr. Viani</i> )			
Adult Clinic/ Office Information			
Transition Care Management Plan			

**Consents**  
I agree to participate in annual letter follow-up Yes  No   
I agree for my family physician to be contacted annually Yes  No   
I agree to be contacted in the future about the opportunity to participate in research studies Yes  No   
**I agree to be contacted about my transition experience up to five years after leaving BC Children's Hospital**  
Youth Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Or Guardian/Representative Signature \_\_\_\_\_

**Youth's strengths and concerns on transfer** (to be completed by youth, parent/family and/or health care team)  
\_\_\_\_\_  
\_\_\_\_\_

**Pediatric Health Care Team & Recommendations**

**Family Practitioner** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Address \_\_\_\_\_

Frequency of visits \_\_\_\_\_ Purpose \_\_\_\_\_

**Pediatric Specialist (s)** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

**Date of First Visit** \_\_\_\_\_ **Type of Specialist** \_\_\_\_\_

Address \_\_\_\_\_

Frequency of visits \_\_\_\_\_ Purpose \_\_\_\_\_

**Pediatric Specialist (s)** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

**Date of First Visit** \_\_\_\_\_ **Type of Specialist** \_\_\_\_\_

Address \_\_\_\_\_

Frequency of visits \_\_\_\_\_ Purpose \_\_\_\_\_

**Pediatric Specialist (s)** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

**Date of First Visit** \_\_\_\_\_ **Type of Specialist** \_\_\_\_\_

Address \_\_\_\_\_

Frequency of visits \_\_\_\_\_ Purpose \_\_\_\_\_

**Pediatric Specialist (s)** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

**Date of First Visit** \_\_\_\_\_ **Type of Specialist** \_\_\_\_\_

Address \_\_\_\_\_

Frequency of visits \_\_\_\_\_ Purpose \_\_\_\_\_

**Pediatric Specialist (s)** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

**Date of First Visit** \_\_\_\_\_ **Type of Specialist** \_\_\_\_\_

Address \_\_\_\_\_

Frequency of visits \_\_\_\_\_ Purpose \_\_\_\_\_

**Physiotherapist** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Address \_\_\_\_\_

Frequency of visits \_\_\_\_\_ Purpose \_\_\_\_\_

**Occupational Therapist** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Address \_\_\_\_\_

**Dietician** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Address \_\_\_\_\_

**Dentist** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Address \_\_\_\_\_

**Community Social Worker** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Email \_\_\_\_\_ Role \_\_\_\_\_

**Child & Youth Special Needs** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Email \_\_\_\_\_ Role \_\_\_\_\_

**Nursing Support Services** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Email \_\_\_\_\_ Role \_\_\_\_\_

**At Home Program** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Email \_\_\_\_\_ Role \_\_\_\_\_

**Community Navigator** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Email \_\_\_\_\_ Role \_\_\_\_\_

**Adult Health Care Team & Recommendations**

**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 \_\_\_\_\_

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Address \_\_\_\_\_  
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**Date of First Visit** \_\_\_\_\_ **Type of Specialist** \_\_\_\_\_  
Address \_\_\_\_\_  
Frequency of visits \_\_\_\_\_ Purpose \_\_\_\_\_

**Adult Physiotherapist** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
Address \_\_\_\_\_  
Frequency of visits \_\_\_\_\_ Purpose \_\_\_\_\_

**Adult Occupational Therapist** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
Address \_\_\_\_\_

**Adult Dietician** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
Address \_\_\_\_\_

**Dentist** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
Address \_\_\_\_\_

**CLBC Facilitator** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
Address \_\_\_\_\_  
Frequency of visits \_\_\_\_\_ Purpose \_\_\_\_\_

**Health Case Manager** \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
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 Notes

[www.ontracbc.ca](http://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.

<b>Team</b>	<b>Early</b> 12-14yrs	<b>Middle</b> 15-16 yrs	<b>Transfer</b> 17-18 yrs	<b>Adult Care</b> 19-24 yrs	<b>Comments</b>
Identifies a family member, friend and/or advocate who will support youth through health care visits & transition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Confirms Family Practitioner (FP)</b> and visits at least twice a year for primary care, ongoing care management, referrals, prescription refills, birth control or counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identifies Adult physicians, clinics and/or teams, how often to see them and for what	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Advocacy</b>	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	<b>Comments</b>
Describes and names health condition(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asks questions and seeks out health care and transition information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows symptoms to report when youth getting sick or having complications from condition(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aware of possible future health and late effects of condition and/or treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understands the change in access to information, decision-making and providing consent as the youth reaches adulthood (Representation Agreements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Independent Behaviours / Self or Shared Management</b>	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	<b>Comments</b>
Assesses youth's abilities and expectations for self-care or directing others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows allergies to medications, food and/or other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Names medications, how taken, reasons for them and their side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows when and how to fill medication(s) prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows reasons for <u>all</u> tests (including blood tests) and how to access results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describes emergency plan – who to call for what, carries emergency information and/or medic-alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows how to make, why to keep and how to get to health care appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keeps a personal health record – gets copies of letters, reports and assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visits online toolkits and completes Youth Quiz and/or Parent & Family Checklist at <a href="http://www.ontracbc.ca">www.ontracbc.ca</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Transition Clinical Pathway – User Key</b>					
<b>Provider Initial</b> in <input type="checkbox"/> when discussed <b>C</b> - 'Complete' <b>IP</b> - 'In Progress' – content to review at next visit <b>N/A</b> - 'Not Applicable' <b>Comments</b> - as required, or expanded in Transition Progress Notes					
<b>Social Supports</b>	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	<b>Comments</b>
Discusses youth/parent/family concerns for transition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identifies ways family and others can support youth through transition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describes activities, recreation, camps and sports outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discusses any risks for bullying (in person or online)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Builds a personal network of friends, peers and mentors with common interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Explores if youth is feeling sad, depressed, anxious, hopeless or has difficulty sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identifies groups and workshops about transition and planning for adulthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Educational / Vocational Plan</b>	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	<b>Comments</b>
Discusses school attendance, strengths, goals and/or concerns –may have an Individual Education Plan (IEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understands how condition(s) may affect career choices – need for Psycho-educational/Cognitive Assessment			<input type="checkbox"/>	<input type="checkbox"/>	
Has a birth certificate, Proof of citizenship, BC I.D. card and Social Insurance Number (SIN)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discusses working for service hours, volunteering and paid employment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describes visions for after high school: education, work, vocational programs			<input type="checkbox"/>	<input type="checkbox"/>	
Aware of accessibility to scholarships, bursaries, career counselling and/or disability programs			<input type="checkbox"/>	<input type="checkbox"/>	
Registers with College/University student services for special accommodation (for assistance, access or illness)			<input type="checkbox"/>	<input type="checkbox"/>	
Identifies health care to plan for when moving out of home for work, school or travel			<input type="checkbox"/>	<input type="checkbox"/>	
<b>Living / Financial Plan</b>	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	<b>Comments</b>
Reviews Transition Timelines for accessing services in the Family Toolkit at <a href="http://www.ontracbc.ca">www.ontracbc.ca</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understands eligibility and completes applications for adult home care and services (CLBC, PWD, CSIL)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discusses financial concerns for out-of-plan medications, equipment, and home support/living/personal care			<input type="checkbox"/>	<input type="checkbox"/>	
Applies for MSP, Fair Pharmacare, dental and extended health or non-insured health benefits			<input type="checkbox"/>	<input type="checkbox"/>	
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plans for guardianship and future financial planning; Representation Agreement, Will & Estate Planning			<input type="checkbox"/>	<input type="checkbox"/>	

<b>Transition Clinical Pathway – User Key</b>					
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Comments - as required, or expanded in Transition Progress Notes					
<b>Healthy Relationships</b>	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	<b>Comments</b>
Discusses changes in body, hygiene, and menstruation – impact of condition(s)/disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identifies who to talk to about healthy relationships, risks of sexual abuse/exploitation, body boundaries and appropriate touching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows how to prevent pregnancy and sexually transmitted infections (STIs)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discusses condition-specific issues for sexual activities, fertility and child-bearing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understands need for and access to genetic counselling			<input type="checkbox"/>	<input type="checkbox"/>	
<b>Personal Health &amp; Safety</b>	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	<b>Comments</b>
Describes regular physical activity and any restrictions due to condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describes healthy weight, special diets or concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discusses interactions of alcohol, drugs, smoking with medications and health <a href="http://www.drugcocktails.ca">www.drugcocktails.ca</a>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discusses driving and aware of any restrictions – other means of transportation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Checklist</b>	<b>Pre-Transfer</b>				
	Youth/Family Questionnaires <input type="checkbox"/> Confirmed next FP visit <input type="checkbox"/> Scheduled Last Pediatric Visit(s) <input type="checkbox"/>				
	Transition Workshop <input type="checkbox"/> Booked Appointment(s) to Adult Specialist(s) <input type="checkbox"/> Service Application(s) completed <input type="checkbox"/>				
	Outstanding concerns:				
	<b>Post-Transfer</b>				
	FP received Transfer Package* <input type="checkbox"/> Adult Specialist(s) received Transfer Package* <input type="checkbox"/>				
	Youth attended Adult Clinic – First Visit <input type="checkbox"/> Second Visit <input type="checkbox"/> Adult Consult Letter back to Pediatric Clinic & FP <input type="checkbox"/>				
	*Transfer Package includes – Medical Transfer Summary, Transition Clinical Pathway and condition-specific documents, reports & assessments (as indicated on front sheet).				
<b>Initial</b>	<b>Signature / Role</b>				

<b>Transition Progress Notes:</b>	
Condition-specific Information	
Adult Team & Care providers	
Self or Shared Health Management	
Financial/Living	

<b>Transition Progress Notes:</b>	
Education/ Vocation	
Peer Support, Recreation & Leisure	
Sexual Health	
Safety	