

**ON TRAC TRANSITION CLINICAL PATHWAY (SIMPLE)
CARDIOLOGY**

DATE INITIATED ___/___/___ DATE LAST CLINIC VISIT ___/___/___
DD MM YYYY DD MM YYYY

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

Contacts

Preferred Contact _____
Phone _____
Emergency Contact (if different) _____
Phone _____

Education

Post-Secondary Plans School ___ Work ___ Other ___
College/University _____
Location/City _____

Special Considerations

Need Interpreter Yes ___ Language _____
First Nations Status No Yes Number _____
Financial/Medication Assistance Yes No
Contact _____
MSP Fair Pharmacare Non-Insured Health Benefits (NIHB)
Extended Health Benefits _____

Transfer Information Checklist				
These people have been sent the most recent attachments (where applicable):	Youth/ Family	Family Practitioner	Adult	Specialist
Medical Transfer Summary				
All Cardiac Surgical Procedures/ Reports				
<input type="checkbox"/> All Cardiologist Letters <input type="checkbox"/> Case Conference Summaries				
Echocardiogram <input type="checkbox"/> Initial Report <input type="checkbox"/> Post-operative echo(s) <input type="checkbox"/> Most Recent Report				
ECG <input type="checkbox"/> Most Recent Report				
Exercise Stress Test <input type="checkbox"/> Most Recent Report				
Holter Monitor <input type="checkbox"/> Most Recent Report				
Blood Work Results <input type="checkbox"/> Most Recent Reports				
Cardiac Catheterization <input type="checkbox"/> Most Recent Report				
All Cardiac Nuclear Medicine Reports				
All MRI/CT scan reports				
Chest x-ray <input type="checkbox"/> Most Recent Report <input type="checkbox"/> Films have been sent				
Relevant Recent Reports (genetics, respirology)				
Psychology Report				
Social Work Report				

Consents

I agree to be contacted about my transition experience up to five years after leaving BC Children's Hospital

Youth Signature _____ Date _____

Adult Health Care Team & Recommendations

Family Practitioner _____ Phone _____ Frequency of visits _____
Address _____
Adult Specialist _____ Phone _____ Date of First Visit _____
Address _____ Frequency of visits _____
Purpose _____

Recommended Tests (How often?) _____

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

Transition Clinical Pathway – User Key Provider Initial in <input type="checkbox"/> 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 - 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 Simple Transition Clinical Pathway has been developed for youth who have one chronic health condition without significant cognitive, physical or 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.

Self-Advocacy	Early 12-14yrs	Middle 15-16 yrs	Transfer 17-18 yrs	Adult Care 19-24 yrs	Comment
Comes to each visit with a question	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practices meeting with practitioners on their own		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can name and describe health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows symptoms to report when getting sick or having complications from condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confirms Family Practitioner (FP) and visits at least once a year for primary care: check-ups, referrals, prescription refills, birth control or emotional concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aware of possible future health and late effects of condition			<input type="checkbox"/>	<input type="checkbox"/>	
Describes patient's rights to privacy and information		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understands the risks and benefits of treatment/procedures before consenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identifies Adult physician(s)/clinic/team, how often to see them and for what			<input type="checkbox"/>	<input type="checkbox"/>	
Independent Behaviours / Self-management	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	Comments
Knows allergies to medications, food and/or other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can name medications, how taken, reasons for them and side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows when and how to fill own prescriptions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completes own home therapies and treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows how to access blood test results			<input type="checkbox"/>	<input type="checkbox"/>	
Knows reasons for <u>all</u> tests and understands results			<input type="checkbox"/>	<input type="checkbox"/>	
Describes emergency plan – who to call for what	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carries personal emergency information- medical care card, emergency numbers and/or medic alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows how to order and use own equipment /supplies			<input type="checkbox"/>	<input type="checkbox"/>	
Knows which home care and personal services will change by adulthood (18-19 years of age)			<input type="checkbox"/>	<input type="checkbox"/>	
Knows how to make, why to keep and how to get to clinic appointments			<input type="checkbox"/>	<input type="checkbox"/>	
Initiates a personal health record – gets copies of letters and reports			<input type="checkbox"/>	<input type="checkbox"/>	
Visits online toolkits and completes Youth Quiz and/or Parent & Family Checklist at www.ontracbc.ca		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Transition Clinical Pathway – User Key					
Provider Initial in <input type="checkbox"/> 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					
Social Supports	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	Comments
Discusses how parents and others are supporting health and transition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identifies family members/friends to talk to about problems or worries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describes friendships and peer activities outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identifies any risks for bullying (in person or online)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identifies if feeling sad, depressed, anxious, hopeless or having difficulty sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aware of condition-specific groups/camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Explores feelings/concerns about transfer to adult care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Educational/Vocational/Financial Plan	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	Comments
Talks about school attendance, strengths, goals for school and/or concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understands how condition may affect career choices		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Applies for and obtains Social Insurance Number (SIN)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discusses medical/dental/extended health insurance post high school - applies for eligible coverage/tax benefits			<input type="checkbox"/>	<input type="checkbox"/>	
Discusses working for service hours, volunteering and paid employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describes plans for after high school education/work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows where to find information on education/career counselling, bursaries or scholarships			<input type="checkbox"/>	<input type="checkbox"/>	
Aware of College/University student services for special accommodation (for assistance, access or illness)			<input type="checkbox"/>	<input type="checkbox"/>	
Knows of items to plan for when moving away for school, work or travel (medications & health care)			<input type="checkbox"/>	<input type="checkbox"/>	
Sexual Health	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	Comments
Discusses any changes in physical development, body image, (menstrual cycle) due to condition or medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identifies who to talk to about sexual health - before becoming sexually active	<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 affecting sexual activities, fertility and/or child-bearing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understands any need for genetic counselling			<input type="checkbox"/>	<input type="checkbox"/>	
Health & Safety	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	Comments
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 or smoking with medications and health www.drugcocktails.ca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discusses driving and aware of any restrictions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

www.ontracbc.ca/ – This website provides corresponding ON TRAC learning activities and resources for **ALL** of the indicators listed on the **Transition Clinical Pathway**.

Checklist	Pre-Transfer
	Youth/Family Questionnaires <input type="checkbox"/> Confirmed next FP visit <input type="checkbox"/> Scheduled Last Pediatric Visit <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"/>
	Post-Transfer
	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).
Initial	Signature / Role

Transition Progress Notes	
---------------------------	--

Condition-specific Information	Visit www.iheartchange.org
Financial/Living	
Education/Vocation	
Peer Support, Recreation & Leisure	
Team/Adult Care Providers	