

**ON TRAC TRANSITION CLINICAL PATHWAY (SIMPLE)  
HEMOPHILIA & HEMOGLOBINOPATHIES**

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**

Need Interpreter Yes \_\_\_ Language \_\_\_\_\_  
Post-Secondary Plans School \_\_\_ Work \_\_\_ Other \_\_\_  
College/University \_\_\_\_\_  
Location/City \_\_\_\_\_

**Special Considerations**

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**

<i>These people have been sent the <b>most recent attachments</b> (where applicable):</i>	Youth/ Family	Family Practitioner	Adult Specialist
Medical Transfer Summary			
Condition-specific Flow Sheets			
Infusion Diaries			
Psych-educational/ Cognitive Assessment			
Social Work Assessment			
Physiotherapy Report (Last visit)			
Relevant Recent Reports (Reports & Imaging)			
Relevant Recent Reports (Labs & Genotyping)			
Prescriptions (Most recent)			

**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  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 **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.

<b>Self-Advocacy</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>Comment</b>
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"/>	
<b>Confirms Family Practitioner (FP)</b> 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"/>	
<b>Independent Behaviours / Self-management</b>	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	<b>Comments</b>
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 <a href="http://www.ontracbc.ca">www.ontracbc.ca</a>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Transition Clinical Pathway – User Key</b>					
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<b>Social Supports</b>	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	<b>Comments</b>
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"/>	
<b>Educational/Vocational/Financial Plan</b>	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	<b>Comments</b>
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"/>	
<b>Sexual Health</b>	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs	<b>Comments</b>
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"/>	
<b>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 or smoking with medications and health <a href="http://www.drugcocktails.ca">www.drugcocktails.ca</a>	<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"/>	

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<b>Checklist</b>	<b>Pre-Transfer</b>
	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"/>
	<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>

**Transition Progress Notes**

Condition-specific Information	
Financial/Living	
Education/Vocation	
Peer Support, Recreation & Leisure	
Team/Adult Care Providers	