Vancouver Coastal Health ON TRAC TRANS DATE INITIATED	<b>fraserhealth</b> Better health. Best in health care. <b>island h</b> <b>AL PATHWAY (SIMPI</b> DATE LAST CLINIC VISIT	_E)	health hern way of caring	
Preferred Name	 			
Date of Birth	 PHN#			
Initiating Clinic	 			

Date of BirthPHN#								
Initiating Clinic			/ ner	ist				
Diagnosis Primary	These people have been sent the <b>most</b> recent attachments (where applicable):	Youth/ Family	Family Practitioner	Adult Specialist				
Secondary		7	Pra	, s				
Youth Email								
Youth Cell #	Adult Clinic/Office Information							
Mailing Address	Depart Lab Departs							
	Radiology Reports							
Contacts Preferred Contact	Consult Letters							
Phone	Relevant Reports							
Emergency Contact (if different)	_							
Phone								
Education Post-Secondary Plans School Work Other								
College/University								
Location/City								
Special Considerations Need Interpreter YesLanguage								
First Nations Status No 🖵 Yes 🖵 Number								
Financial/Medication Assistance Yes D No D	Consents		_					
Contact	I agree to be contacted about my transition experie after leaving BC Children's Hospital	ence up to	o five ye	ars				
MSP Fair Pharmacare Non-Insured Health Benefits (NIHB)	Youth Signature Date							
Extended Health Benefits								
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								
	···· · /							

Transfer Information Checklist

Transition Clinical Bathway – Usor Koy						
Transition Clinical Pathway – User Key Provider Initial in  when discussed						
<b>C</b> - 'Complete'						
<b>IP</b> - 'In Progress' – content to review at next visit						
N/A - 'Not Applicable'						
Comments - as required, or expanded in Transition Progres			TI 0' I	<b>T</b>		
www.ontracbc.ca - The Youth and Family Toolkits provide of			The <b>Simple Transition Clinical Pathway</b> has been developed for youth who have one chronic health			
TRAC learning activities and resources for <u>ALL</u> of the indicators lis	ted on the	Transition				
Clinical Pathway(s).			condition without significant cognitive, physical or emotional special needs. The goal is for youth to be			
			engaged in	their transi	tion planning 'to the best of their	
			ability and capacity' and where needed, assisted by			
			others.			
Self-Advocacy	Early	Middle	Transfer	Transfer Adult Comment		
				Care		
	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs		
Comes to each visit with a question						
Practices meeting with practitioners on their own						
Can name and describe health condition						
Knows symptoms to report when getting sick or having						
complications from condition						
Confirms Family Practitioner (FP) and visits at least						
once a year for primary care: check-ups, referrals,						
prescription refills, birth control or emotional concerns						
Aware of possible future health and late effects of						
condition						
Describes patient's rights to privacy and information						
Understands the risks and benefits of						
treatment/procedures before consenting		_	_	_		
Identifies Adult physician(s)/clinic/team, how often to see						
them and for what			-			
Independent Behaviours / Self-management					Comments	
······································	12-14yrs	15-16 yrs	17-18 yrs	19-24 yrs		
Knows allergies to medications, food and/or other						
Can name medications, how taken, reasons for them and						
side effects						
Knows when and how to fill own prescriptions						
Completes own home therapies and treatments						
Knows how to access blood test results						
Knows reasons for <u>all</u> tests and understands results						
Describes emergency plan – who to call for what						
Carries personal emergency information- medical care						
card, emergency numbers and/or medic alert						
Knows how to order and use own equipment /supplies						
Knows which home care and personal services will						
change by adulthood (18-19 years of age)						
Knows how to make, why to keep and how to get to clinic						
appointments			-	-		
Initiates a personal health record – gets copies of letters						
and reports			-	-		
Visits online toolkits and completes Youth Quiz and/or						
Parent & Family Checklist at <u>www.ontracbc.ca</u>		-	-	-		
Tarone a Family oncomplete www.onelacoc.ca						

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

	bc.ca/ – This website provides corresponding ON TRAC learning						
	d resources for <u>ALL</u> of the indicators listed on the Clinical Pathway.						
Transition	Sinical Fathway.						
Checklist	Pre-Transfer						
	Youth/Family Questionnaires D Confirmed next FP visit D Scheduled Last Pediatric Visit D						
	Transition Workshop D Booked Appointment(s) to Adult Specialist(s) D Service Application(s) completed D						
	Post-Transfer						
	FP received Transfer Package*  Adult Specialist(s) received Transfer Package *						
	Youth attended Adult Clinic – First Visit 🗆 Second Visit 🗅 Adult Consult Letter back to Pediatric Clinic & FP 🗅						
	*Transfer Package includes – Medical Transfer Summary, Transition Clinical Pathway and condition-specific documents,						
Initial	reports & assessments (as indicated on front sheet). Signature / Role						
minual							
	Progress Notes						
Condition-							
specific							
Information							
Financial/							
Living							
Education/							
Education/ Vocation							
vocation							
Peer							
Support,							
Recreation & Leisure							
a Leisule							
Team/							
Adult Care							
Providers							