Alder Hey Children's NHS
NHS Foundation Trust

Renal Unit

Transition Plan – Health

Name:

Address:

Date of birth:

Transition team (list all professions involved)	Name	Contact number

Start date _ _ /_ _ / _ _
Review 1 _ _ /_ _ / _ _
Review 2 _ _ /_ _ / _ _
Review 3 _ _ /_ _ / _ _
Review 4 _ _ /_ _ / _ _
Review 5 _ _ /_ _ / _ _
Review 6 _ _ /_ _ / _ _

YOUNG PERSON'S SELF ASSESSMENT

This document is designed to help you work with your health care team to manage your transition to adult services.

You will work with the health care team to develop a plan that meets your needs as you begin to take more responsibility for managing your own health condition.

This plan can change if your priorities change. Some of the statements on the health transition plan will not apply to you, so you can leave them out.

Sometimes there will be things you want to add- there is space for you to do this.

The most important thing is that you feel you are as involved in this process as you want to be. You can ask someone to help you complete the assessment.

Health Transition	Yes	I need help with this	Action plan	Name of person taking action	Updates/comments
I understand the meaning of transition to adult services					
I feel I am ready to start preparing for transition by developing a Health Plan					
I understand what confidentiality means, and that I should be involved in decisions about who knows about different aspects of my health condition					
I feel I need some support to explain my needs during clinic visits					
I feel I am ready to be seen alone for part of the clinic visit					
I feel I can be seen alone for part of the clinic visit					
I know the names and roles of the doctors, nurses, therapists that I will be seeing in adult services and how to contact them					
I have agreed a transfer plan with dates with the members of the children's and adult healthcare team					

My specific health condition	Yes	I need help with this	Action plan	Name of person taking action	Updates/comments
I can describe my health condition					
I know how to contact a support group for my condition					
I understand the medical terms/words used in clinics					
I can answer questions from members of the health care team					
I can ask the doctor/nurse/therapists questions					
I know who has copies of my medical records					
I keep a file with my health information in it					
I know when, where and with whom I have my next appointments					
I know the names and doses of my medicines and when to take them					
I am responsible for taking my own medication					
I can arrange for a repeat prescription of my medication					

My general health	Yes	I need help with this	Action plan	Name of person taking action	Updates/comments
I know what to do if I suddenly become unwell					
I know how to contact my GP					
I know my GP can advise about different health issues including concerns about my development and mood					
I can cope with my everyday mood (e.g., feeling depressed), feelings (e.g., feeling anxious) and emotions (e.g., anger).					
I know what makes a good diet					
I know the benefits of a good diet					
I know the risks of a poor diet					
I know how to make an appointment with the dentist					
I know how often I should have a check up at the dentist					
I know about the benefits of an exercise programme					
I know the risks of not exercising					

My sexual health	Yes	I need help with this	Action plan	Name of person taking action	Updates/comments
I understand the changes that happen to my body as I get older					
I know what I want to about sex and relationships					
I know where I can get accurate information about sex and relationships					
I know how to prevent pregnancy					
I know how to obtain and use contraception					
I know where to get advice if I become pregnant					
I know whether my medication could affect any pregnancy					
I know about sexually transmitted infections, how to avoid them and where to get treatment					

Other issues	Yes	I need help with this	Action plan	Name of person taking action	Updates/comments
I know about the risks of smoking					
I know about the risks of drinking alcohol excessively					
I know about the risks of misusing legal and illegal drugs					
I know what to do if someone harms, threatens or otherwise behaves inappropriately towards me					
I know how to access websites for young people including 'Teenage health freak' at www.teenagehealthfreak.org.uk					

Home management skills	Yes	I need help with this	Action plan	Name of person taking action	Updates/comments
I know how to buy food, clothes and other essentials					
I know how to manage a budget					
I can prepare a meal (food collection, preparation and storage)					
I can look after my own clothes (wash & iron)					
I can do light housework					
I know how to keep myself safe at home					
I would like to know more about the support and equipment that would allow me to do these tasks					
Housing					
I know about the range of options if I wish to live more independently If not, do you need advice?					

Life skills	Yes	I need help with this	Action plan	Name of person taking action	Updates/comments
Education					
My teachers understand how my health needs affect my education					
(With support) I can manage my health needs in school/college					
I can get around the buildings at school/college					
I have the support/equipment I need at school to do the courses I want					
I would like my health team to meet with my education team					
I know how to ensure my health needs are met if I move to a college or university					
Work/Leisure					
I have a career plan					
I have had experience of work (voluntary or paid)					
I have been able to consider a range of career options					
I know how to discuss my health condition with a prospective employer					

Life Skills	Yes	I need help with this	Action plan	Name of person taking action	Updates/comments
Leisure					
I have friends my own age					
I can meet my friends regularly					
I have leisure activities that I enjoy					
I am able to try new activities					
I have goals for my future					
I know what support is available in my local community and which organisations can help					

Health Plan Summary

Name:

Address:

Date of Birth

Main health transition needs, discussed with young person (and their family):

1 ……

……

……

Action

……

……

Date

2 ……

……

……

Action

……

……

Date

3 ……

……

……

Action

……

……

Date

4 ……

……

……

Action

……

……

Date

Can Health Plan be shared with other professionals /agencies?

Yes ☐ **No ☐**

If only in part please specify

……

Signed ……

(young person or parents/carers)

Health Professionals involved:

	Referral made to children's health services	Referral made to adult health services
Clinical Psychologist	☐	☐
General Practitioner	☐	☐
Doctor (s) for specialties	☐	☐
Nurse	☐	☐
Occupational Therapist	☐	☐
Paediatrician	☐	☐
Physiotherapist	☐	☐
Speech and Language Therapist	☐	☐
Child and Adolescent Mental Health Team	☐	☐
Learning Disability Team	☐	☐

Referral made to Children's (education/ social) services/ adult (social) Services

Social Worker	☐	☐