

TRANSITION INFORMATION FORM	
Name:	
Date:	
PEDIATRIC HEALTHCARE	ADULT HEALTHCARE
<i>This Transition Information Form helps organize the following information:</i>	
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About the Transition Information Form: Many young adults who have developmental disabilities have complex medical histories and require special medical treatments. It is important to convey this information accurately and concisely during the transition from pediatric to adult health care. If adult health care providers do not have access to this important information, delayed treatment, unnecessary tests, and even serious errors can occur. In addition, adult health care providers are better able to provide care if they are aware of the community supports and habilitation services that a young adult receives. It is also important that adult health care providers have access to medical treatment guidelines when caring for adults with developmental disabilities. The Transition Information Form was created by the New York State Institute for Health Transition Training so that youths, parents, and physicians can work together to give adult health care providers the information they need. The format is adapted from the American Academy of Pediatrics' *Emergency Information Form for Children with Special Health Care Needs*. More information and sample Transition Information Forms are available on the Internet at www.HealthyTransitionsNY.org.

To Complete the Transition Information Form: Please follow these instructions:

1. **GET THE FORM:** Word and PDF versions of the form are available on the Internet at www.HealthyTransitionsNY.org.
2. **FILL IT OUT:** Begin filling out the form to the best of your ability. Take the form to your primary care physician or specialist and ask them to finish filling out the form. A health care provider should sign and date the form when it is complete.
3. **KEEP IT:** Consider keeping copies of the Transition Information Form in each of the following places: (a) doctors office, (b) local emergency room, (c) home, (d) vehicles, (e) work, (f) purse or wallet, (g) school or college health office, (h) emergency contact person, (i) service coordinator.
4. **REGISTER:** Consider archiving your Transition Information Form on the Internet at www.HealthyTransitionsNY.org.
5. **UPDATE:** It is important that you update the form every 2-3 years, and after any of the following events: (a) important changes in the youth's condition, (b) the performance of any major procedure, (c) important changes in the treatment plan, (d) changes in physicians.

Completed by:

Date:

PATIENT INFORMATION	
Name:	Date of Birth:
Home Address:	Phone number(s):
Health Care Guardian: N/A	Phone number(s):
Emergency Contact:	Phone number(s):
Best method of communication:	

INSURANCE	
Pediatric	Adult
Primary:	Primary:
Secondary:	Secondary:
Tertiary:	Tertiary:
ICD-9 diagnosis codes:	

MEDICAL PROVIDERS	
Pediatric	Adult
Primary Care:	
Emergency Care:	
Tertiary Care Hospital:	
Dental Care:	
Mental Health Care:	
Home Health Care:	

MEDICAL PROVIDERS	
Pediatric	Adult
Specialty Care:	
Specialty Care:	
Specialty Care:	
Specialty Care:	
Specialty Care:	
Specialty Care:	

OTHER SERVICE PROVIDERS	
Pediatric	Adult
Pharmacy:	
Home Health Supplies:	
Durable Medical Equipment:	
Service Coordination:	
Habilitation Services: job coach, therapists, day-hab program, etc.	

CIRCLE OF SUPPORT	
Pediatric	Adult
Circle of Support (Informal support network)	
Comments:	

MEDICAL HISTORY

Problem List:

Synopsis:

BASELINE INFORMATION

Height and weight:

Vital signs:

Physical Findings (include baseline neurological/cognitive functioning)

BASELINE ANCILLARY FINDINGS (lab, x-ray, EKG etc):

EMERGENCY MANAGEMENT DATA	
1.	Problem:
Suggested Workup:	
Treatment considerations:	
2.	Problem:
Suggested Workup:	
Treatment considerations:	
3.	Problem:
Suggested Workup:	
Treatment considerations:	
Procedures to be avoided (and why):	

EMERGENCY MANAGEMENT DATA	
4.	Problem:
Suggested Workup:	
Treatment considerations:	
5.	Problem:
Suggested Workup:	
Treatment considerations:	
6.	Problem:
Suggested Workup:	
Treatment considerations:	
Procedures to be avoided (and why):	

HEALTH MAINTENANCE DATA

Allergies (symptoms):

Medication List:

Immunizations:

Prostheses/Appliances/Implantable Devices: N/A

Antibiotic prophylaxis (and why): N/A

Dietary restrictions (and why): N/A

HEALTH MAINTENANCE DATA	
Nursing Care Plan:	N/A
Behavior Management Plan (and why):	N/A
Pain Management Plan (and why):	N/A
Advanced Care Directives:	N/A
Condition-specific adult health care guidelines:	
Additional comments:	
Pediatric:	Adult:
Signature and Date:	