

TRANSFER OF CARE TO ADULT SERVICES (AGE 16/18 YEARS)

To be completed by ACHD Nurse

Pathway to follow patient for at least first 6 – 12months or first 2 appointments

ACHD Team	Date
Accepting Consultant (ACHD) Click or tap here to enter text.	Click or tap to enter a date.
ACHD Nurse Specialist Click or tap here to enter text.	Click or tap to enter a date.
Referral received	Click or tap to enter a date.
Documentation received	Click or tap to enter a date.

ACHD Appointments:

1st Appt Date Click or tap to enter a date. Attended Yes ☐ No ☐

2nd Appt Date Click or tap to enter a date. Attended Yes ☐ No ☐

Activity	N/A	Not able to do yet	Able to do	Date
Adjusting to adult services				
Able to express concerns				
Able to express their views on their transition to adult services				

Patients thoughts about their transition
Family/Parents thoughts about transition

Signatures:

Date: Click or tap to enter a date.

Healthcare Professional:

Patient: