



Transfer to adult health services

Self-referral letter of introduction



Adolescent Transition

Adolescent Transition Education Package | Checklist 5

Name:

Health condition/s:

A summary of my current condition is:

.....
.....
.....

Goals related to my healthcare that I have achieved: (e.g. independence, managing my appointments, administering my meds)

1.
2.
3.

Some areas that I would like to continue to work on are: (e.g. solo appointments, advocating for myself, sorting out health insurance)

1.
2.
3.

My plan for the next few years is: (e.g. health, education, work, personal life)

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.....
.....

Some of my interests:

.....
.....

Signed: Date:

The best way to contact me is email/phone/mobile:

For more info contact:

The RCH Adolescent Transition Team on **9345 4858/4980**

or find email details and more info on **www.rch.org.au/transition**

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