

Individual Transition Care Plan

Date

Name

DOB

MRN

Medicare number

Address

Parent/Carer

Phone

Email

Chronic Conditions:

Past Surgeries

Medications

Allergies

Immunisations

Precautions

Equipment

Weight (dated)

Ambulance plan

NDIS – yes/no Contact details

Transition lead clinician

Phone

Email

15 October 2020

Individual Transfer Information

	PAEDIATRIC TEAM		ADULT TEAM		Comments
Role	Name	Contact details	Name	Contact details	
General Practitioner					
General Paediatrician					

15 October 2020