

ADOLESCENT RHEUMATOLOGY SUMMARY

Today's date:

Proposed Date of Transfer to Adolescent Clinic:

Target Adult Service if Known:

Proposed Date of Transfer to Adult Clinic:

Completion of Individualised Transition Plan:

Early YES/NO
Mid YES/NO
Late YES/NO

Completion of Purple Team Transition Template: YES/NO

NAME

HOSPITAL NO:

DOB

ADDRESS & HOME TEL No:

GP DETAILS

PRIMARY DIAGNOSIS:

AGE AT ONSET:

Dr:.....

Signature.....

Date.....

SECONDARY DIAGNOSES/PROBLEM LIST:

- 1.
- 2.
- 3.
- 4.

DRUG THERAPY AT TRANSFER Self medicating? Yes/No

Drug Dose

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

PREVIOUS DRUG THERAPY:

Drug Dose Dates ADR

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Dr:.....

Signature.....

Date.....

PREVIOUS JOINT INJECTIONS

Date Details (single/multiple; GA/LA)

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FAMILY TREE:

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YOUNG PEOPLE WITH ARTHRITIS

Core Outcome Variables (give dates):

Pain VAS				
Patient WB				
CHAQ				
No active Jts				
No. limited Jts				
Dr. Global				
Schobers				
ESR/CRP				

Dr:.....

Signature.....

Date.....

RECENT IMAGING (give dates, include significant results; send hard copies of reports when possible +/- CD of important films eg if surgery planned)

Xrays				
Hands				
Feet				
Cx spine				
Other				
MRI scans				
Bone Density Scan DEXA				
Lung Function PFT				
Ultrasound scans				
Echo/ECG				
Barium studies				
Other scans				

Dr:.....

Signature.....

Date.....

HEALTHCARE ARRANGEMENTS:

1. Current role of parents in clinic:
2. Drug (DMARD) monitoring arrangements:
3. Drug (DMARD) prescription arrangements:
3. Ophthalmology follow-up arrangements:
4. Other specialists (give base hospital details) involved:

Occupational Therapist	
Physiotherapist	
Psychologist	
Local Paediatrician	
Local Rheumatologist	
Orthopaedic surgeon	
Ophthalmologist	
Nephrologist	
Endocrinologist	
Dermatologist	
Maxillofacial surgeon	

5. Procedure for IA joint injections at time of transfer
(?sedation; preparation for LA etc)

Dr:.....

Signature.....

Date.....

TRANSFER CHECKLIST	YES/NO
Transfer summary discussed with patient	
Copies of transfer summary to be sent to:	
Patient	
GP	
Consultant Rheumatologist	
Consultant Paediatrician	
Other	
Copies to be sent with summary	
Out Patient letters (last 3 yrs)	
Discharge summaries	
DEXA (bone density) results	
XRay results	
MRI results	
CD-ROM of important imaging	
Lung PFT results	
Growth chart (if still growing)	
Cumulative Results sheet	
On-going Transition Plan (if not complete)	
Multidisciplinary team summary to send	
Transfer of Biologics Registry Info	
Transfer of MTX/Biologics Prescription	
Transfer of Hospital Blood Monitoring arrangements	
Overlap visit with adult care	
Confirmation at attendance at 1st adult appointment	
Confirmation at attendance at 2nd adult appointment	

Dr:.....

Signature.....

Date.....

030506 version

