

Adolescent Rheumatology Early Transition Plan

Name:	Start Date:		
	Dates when Plan reviewed:		

Transition Skills	Yes I can do this on my own and don't feel I need any extra advice	I would like some extra advice/ help with this	Action Plan /date
I can describe my condition			
I ask my own questions in clinic			
I feel ready to start preparing to be seen alone for part of the clinic visit in the future			
I know my medication regime – names, doses, how often etc			
I am able to manage my fatigue (tiredness)			
I usually sleep well			
I am able to manage my pain			
I understand the meaning of 'transition'			
I know who's who in the rheumatology team			
I understand the importance of exercise/activity for both my general health and my condition			
I understand what healthy eating means for both my general health and my condition			
I am aware that my condition can affect how I develop eg puberty			
I am comfortable with the way I look to others			

Transition Skills	Yes I can do this on my own and don't feel I need any extra advice	I would like some extra advice /help with this	Action Plan
I understand the risks of alcohol and drugs to my health			
I can look after myself at home in terms of dressing and bathing/showering etc			
I see my friends outside school hours			
I know someone I can talk to when I feel sad/fed-up			
I am managing at school eg getting to and around school, school work, PE, friends etc			
I know how to deal with unwelcome comments/bullying			
I know what I want to do when I leave school			
For young people with Arthritis - I have my joint injections performed without a general anaesthetic			
Please list anything else you would like help/advice with:-			