

# TRANSITION CHECKLIST

## FOR YOUNG PEOPLE WITH ADHD

Your doctor has given you this checklist to ensure your transition to Adult ADHD services is a smooth process. Please complete and return this form in advance of your next appointment.

Be sure to ask your doctor if you have any questions.

My name: .....

Doctor's name: .....

To ensure an effective transition, please consider the following:

YES NO

1. I understand why I am transitioning to a new team		
2. I consent to transition to the new team and to sharing information		
3. I feel I have enough information about the transition		
4. I know who to contact if I have a question about my care		
5. I know what to do if I have a medical emergency relating to my mental health		
6. I understand why I need to continue to take medication and I agree to do so		
7. I have been given written information on my care and the new team responsible for this		
8. I feel ready to manage my own medication and appointments		
9. I have had all my questions around transition and my care answered		
<p>a. If no, please write down questions you feel have not been answered or talk to your care coordinator/consultant directly</p>		
10. I understand who will be responsible for my annual review (Adult service or GP) and the importance of attending this review		

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