** **

**TRANSITION CLINIC**

 **TO BE COMPLETED BY PRACTITIONER FROM CHILDRENS SERVICES**

|  |  |
| --- | --- |
| Date |  |
| Clinic |  |
| Seen By |  |
| Physical Observations |  |
| Accompanied by |  |

**Demographic Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| DOB |  |
| Phone Number |  |
| School / Further Education / Employment |  |
| NHS Number |  |
| RIO |  |

Does the person have any communication needs and/or require information in a format other than standard print?

* Yes
* No

If YES, what are the person’s needs?

Does the person want someone to contact us on their behalf (e.g. partner, parent) when arranging an initial appointment?

* Yes
* No

If YES, name and contact details

Does the person have a diagnosed global learning disability?

If YES, we will be unable to accept your referral.

Please contact your local Learning Disability Services.

**HISTORY**

When was the diagnosis made?

Are there any co-morbidity?

If yes Please give details of treatment/ other services involved

Any Physical Problems?

What medication has been tried in the past?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication | Dose | Started | Stopped | Reason for stopping |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**CURRENT ISSUES**

What is the current presentation?

Is ongoing treatment for adult ADHD required?

Present medication

|  |  |  |
| --- | --- | --- |
| Medication | Dose | Started |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Does the GP provide repeat prescriptions under the Shared Care Protocol?

Are there any risks? Please give details

* Drugs including cannabis
* Alcohol
* Energy Drinks
* Safeguarding or Vulnerable adult/child
* Behaviour
* Forensic

Who is in the young person’s current support network?

Are there any other services involved?

Did the young person receive a Statement of Special Educational Needs or have an Educational Health Care Plan (EHCP)?

Can you provide reasons i.e. behavioural, dyslexia?

Can you provide a copy of the EHCP?

What qualifications has the young person achieved?

|  |  |
| --- | --- |
| Qualification | Grade |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Are there any psychological reports/assessments available?

Current Plan.