

# CHECKLIST FOR THE TRANSITION OF PATIENTS WITH INFLAMMATORY BOWEL DISEASE (IBD) FROM PEDIATRIC TO ADULT CARE

## PEDIATRIC GASTROENTEROLOGISTS

### Transition Letter

Sent to \_\_\_\_\_, with \_\_\_\_\_, on \_\_\_\_\_, via the following methods: Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

- The following were copied when sending the letter:
  - Family physician -
  - Other specialists involved in care -
  - Patient -
  - Parent -

### Patient Support Program (PSP)

\_\_\_\_\_, with the program: \_\_\_\_\_, was notified on \_\_\_\_\_, via the following method(s): Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

- The following were copied when sending the PSP communication:
  - Family physician
  - Patient
  - Other specialists involved in care
  - Parent
- The below details were included when notifying the PSP:
  - Adult gastroenterology main point-of-contact name and contact details:
    - Email
    - Fax #

PSP confirmed on \_\_\_\_\_ they contacted the patient with their new information.

### Patient Communications

The patient has been provided the following regarding the adult provider:

- Contact details for:
  - Phone
  - Email
  - Fax
- Contact details for:
  - Phone
  - Email
  - Fax
- Contact details for:
  - Phone
  - Email
  - Fax
- Office location/parking details

## ADULT GASTROENTEROLOGISTS

### Transition Letter

\_\_\_\_\_, with \_\_\_\_\_, was notified of receipt of the Transition letter, on \_\_\_\_\_ using the following methods:

- Email: \_\_\_\_\_ Fax #: \_\_\_\_\_
- Other: \_\_\_\_\_

- The following were copied when confirming receipt of the transition letter:
  - Patient
  - Family physician
  - Other specialists involved in care (as noted in letter)

### Scheduling Notification/First Visit

The referring pediatric centre was notified on \_\_\_\_\_, that the patient has an appointment on \_\_\_\_\_.

Notes for pediatric patient files were sent to complete transition of care to \_\_\_\_\_, with \_\_\_\_\_, on \_\_\_\_\_, using the following methods:

- Email
- Fax

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