

TRANSITION PASSPORT AND HANDOVER DOCUMENT

YOUNG PERSON'S NAME	NHS NUMBER	HOSPITAL NO.	DATE OF BIRTH	ADDRESS	SCHOOL	GP (NAME AND ADDRESS)
NEXT OF KIN (NAME AND CONTACT NO.)	KEY WORKERS (NAME AND CONTACT NO.) <i>eg. school/ residential home</i>	LOOKED AFTER CHILD? <i>please add details of section if known</i>	SOCIAL WORKER (NAME AND CONTACT NO.)			
		YES / NO				

LEARNING DISABILITY CONSIDERATIONS:

Does the Young Person have a Learning Disability Diagnosis or a history/presentation that is suggestive of Learning Disability?	Yes / No
Has a request been made for the Young Person to be placed on the Learning Disability Register at their GP?	Yes/No
Has an Annual Health Check for Learning Disability been requested?	Yes/No
Are there any reasonable adjustments that may be required in order for the Young Person to access the right care and support required given their Learning Disability?	Please describe:

A little bit about me...

- Hello my name is [...]. I prefer to be called [...]
- I live with my Mum [name], Dad [name] and siblings [names]. They prefer you to call them [...] (e.g. by their first name).

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- **I communicate by [...]** (e.g. sentences, vocalisation, facial expression, gesture)
- **When I am well I can [...]** (e.g. walk with support, make choices through eye gaze)
- **I like [...]** (e.g. things that might make me feel more comfortable during a consultation)
- **I dislike [...]** (e.g. loud noises, new environments). **When I feel worried or upset I may [...]**

HOPES FOR THE FUTURE (INDEPENDENCE, LIVING ARRANGEMENTS, ASPIRATIONS)

<p>What are the young person's hopes for the future? This should include details about independence, living arrangements and aspirations)</p> <p>For those that cannot answer this independently: What are your hopes for your Young Person's future?</p>	<p>Independence:</p> <p>Living arrangements:</p> <p>Aspirations:</p>
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HOBBIES, FRIENDSHIPS AND SOCIAL ACTIVITIES (WHAT MATTERS TO ME SOCIALLY)

<p>What matters most socially to the Young Person?</p> <p>Hobbies, friendships, social activities...</p>	
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EDUCATION

Current School	
Key Worker (Name and Contact Number)	
What Transition arrangements are currently in place?	
What are the Young Person's goals for future learning and employment?	

LIVING/ACCOMODATION

Current Living Arrangements	
Transition Arrangements	

DAILY LIVING SKILLS AND SUPPORT NEEDS

Are there any daily living skills that the Young Person requires support with?	Dressing: Feeding: Toileting: Hygiene: Travel:
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SUPPORT/FINANCES

Current Support Arrangements	
Transition Arrangements	

HEALTH HISTORY

Main Diagnoses	
Current Medication	
Notable Previous Medications	
Drug Allergies	
Known Plans	ACP <input type="checkbox"/> DNACPR <input type="checkbox"/>
Epilepsy <i>(if applicable)</i>	<p>Description of Seizures:</p> <p>Seizure type:</p> <p>Emergency management:</p>

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Gross Motor Skills			
Fine Motor Skills			
Respiratory			
Cardiology (heart)			
Communication			
Feeding			
Equipment			
Vision			
Hearing			
Activities of Daily Living			
Other			
Carers	Mental Capacity Act information given <i>(if applicable)</i>		<input type="checkbox"/>
ED / Ward admissions arrangements			

ONGOING MANAGEMENT OF HEALTHCARE

Role	Name	Transferring Care To	Role	Contact Name	Further Actions Needed	Action Owner
Dr Hannah Nicholson 2025	Acknowledgement to Dr S Hughes					

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Community Paediatrician						
General Paediatrician						
Paediatric Epilepsy CNS						
Children's Community Nurse						
Paediatric Continuing Healthcare						
Other (LD community nurse, wheelchair clinic etc.):						
Tertiary Centre						
Tertiary Centre						
Tertiary Centre						
Ophthalmologist						

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Audiology						
Dental health						

ONGOING MANAGEMENT OF THERAPIES

	Contact Name	Transferring Care To	Therapy	Contact Name	Further Actions Needed	Action Owner
Physiotherapy						
	Contact Name	Transferring Care To	Therapy	Contact Name	Further Actions Needed	Action Owner
Occupational Therapy						
	Contact Name	Transferring Care To	Therapy	Contact Name	Further Actions Needed	Action Owner
Speech And Language						
	Contact Name	Transferring Care To	Therapy	Contact Name	Further Actions Needed	Action Owner
Other (Dietician, Psychology Etc.)						