@CC@

**HPI:**@FNAME@ is a @AGEPEDS@ @SEX@ presenting for final visit prior to transition to adult primary care provider.

**Current concerns or interim illness:**

**Medical Summary for Transfer to Adult PCP:**

Current Prescribed Medications:

Recent Pertinent Abnormal Labs:

Health Care Maintenance (Outstanding vaccines, screenings, or other gaps in care, etc.):

Last WCC:

Frequency of visits/ Typical schedule:

Brief Social History:

Specialist (Include transition plan if any):

Identified Strengths:

Any barriers to care?:

What would you like your new provider to know about you?

**Patient Readiness Check List:**

I feel comfortable asking questions when I do not understand what my doctor says: {YES/NO:21347}

I know my allergies to medicines: {YES/NO:21347}

I know my medications and keep a picture of them on my phone or have it written down: {YES/NO:21347}

I know how to make and cancel my own doctor’s appointments {YES/NO:21347}

I have a way to get to my doctor’s office {YES/NO:21347}

I know what health insurance I have and keep my card with me or a picture of my card in my phone {YES/NO:21347}

**Past Medical History:**

@PMHPNN@

**Past Surgical History:**

@SURGICALHX@

**Medications:**

@CMEDSIGONLYEDIT@

**Allergies:**

@ALG@

**Family History:**

@FAMHXP@

**Social History:**

\*\*\*

@TOBHX@

**ROS:**

As per HPI, full ROS otherwise negative

**Vital Signs:**

@VITALSM@

@FLOWAMB(14)@

@BPFALW95@

**Physical Exam: \*\*\***

**Assessment/Plan:**

@FNAME@ is a @AGEPEDS@ @SEX@ seen today for final visit prior to transition to adult care provider

Age 18 privacy and consent changes discussed {YES/NO:21347}

Supported decision making discussed (if needed) {YES/NO:21347}

Requests telehealth visit with both providers (pediatric and adult medicine) {YES/NO:21347}

Adult provider selected {YES/NO:21347}

Adult provider contacted {YES/NO:21347} If transitioning to CPC- Secure Chat Damarys Garcia, Erik Almeida (CPC), Gail Davis, RN (HCH) with patient information and time frame.

Patient given phone number for CPC 401-444-4741 and suggested patient place the number in phone contacts {YES/NO:21347}

Suggested patient take picture of their health insurance card {YES/NO:21347}

Medical summary shared with patient {YES/NO:21347}

Medical summary sent to adult provider {YES/NO:21347}

Patient to have next visit with adult provider on/or within following time frame \*\*\*

Discussed importance of keeping scheduled first appointment with new provider and identified potential barriers. \*\*\*