Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| This is a survey about what it was like for you to move from pediatric to adult health care. Your answers will help us improve our health care transition process. Your name will not be linked to your answers. |
| **DID YOUR PAST PEDIATRIC DOCTOR OR OTHER HEALTH CARE PROVIDER...***Please check the answer that best fits at this time.* | **YES** | **NO** |
| Explain the transition process in a way that you could understand? | □ | □ |
| Give you a chance to speak with them alone during visits? | □ | □ |
| Explain the changes that happen in health care starting at age 18 (e.g., changes in privacy, consent, access to health records, or making decisions)? | □ | □ |
| Create and share your medical summary with you? | □ | □ |
| Help you find a new adult doctor or other health care provider to move to? | □ | □ |
| **DID YOUR NEW ADULT DOCTOR OR OTHER HEALTH CARE PROVIDER...***Please check the answer that best fits at this time.* | YES | NO |
| Address any of your concerns about your move to a new practice/doctor? | □ | □ |
| Give you guidance about their approach to accepting & partnering with new young adults? | □ | □ |
| Explain how to reach the office online or by phone for medical information, test results, medical records, or appointment information? | □ | □ |
|  Overall, how ready did you feel to move to a new adult doctor? □ Very □ Somewhat □ Not at all  |
| Do you have any ideas for your past pediatric doctor or new adult doctor about making the move to adult health care easier? |
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