

# Transfer to adult services passport



Name: ..... RCH UR: ..... Date initiated: ..... Date revised: .....

## Diagnoses and issues

### Allergies

	RCH department	RCH contact	Date referred from RCH (or n/a)	Receiving adult service (or n/a)	Adult service contact (if applicable)	Transfer status		
						To initiate	In process	Complete (seen by medical doctor at new adult service)
1								
2								
3								
4								
5								
6								
7								
8								

## General Practitioner (GP)

Name	Clinic name	Address	Phone/email

Other notes  
(e.g. outstanding follow up at the RCH)

For more info contact:  
The RCH Transition Support Service on **9345 4980**  
or visit [www.rch.org.au/transition](http://www.rch.org.au/transition)