

12 year old checklist – Fearless, Tearless Transition Model of Care

|     |       |            |
|-----|-------|------------|
| UR: | Date: | Diagnosis: |
|-----|-------|------------|

| Assessment Type            | Description                                                                                           | Completed | Not Completed | N/A | Action Required / Notes |
|----------------------------|-------------------------------------------------------------------------------------------------------|-----------|---------------|-----|-------------------------|
| Does the patient have a GP | Refer to RCH Transition Service for providers<br><i>Ensure patient GP details are updated on EPIC</i> |           |               |     |                         |
| NDIS Application           | If no application made application to be made with carer                                              |           |               |     |                         |
| Intellectual Assessment    | Completion of intellectual/ADL assessment through school/private                                      |           |               |     |                         |
| HONOS-LD                   | HONOS SCORE:                                                                                          |           |               |     |                         |
| Autism Parent Stress Index | APSI SCORE:                                                                                           |           |               |     |                         |
| Supervision Rating Scale   | SRS SCORE:                                                                                            |           |               |     |                         |

| Mental Health Assessment for co-morbidities |           |               |     |    |              |              |              |                    |    |       |
|---------------------------------------------|-----------|---------------|-----|----|--------------|--------------|--------------|--------------------|----|-------|
| Diagnosis                                   | Completed | Not Completed | N/A | GP | Pediatrician | Psychiatrist | Psychologist | Speech Pathologist | OT | Other |
| ASD                                         |           |               |     |    |              |              |              |                    |    |       |
| ADHD                                        |           |               |     |    |              |              |              |                    |    |       |
| Anxiety Disorder                            |           |               |     |    |              |              |              |                    |    |       |
| Depression                                  |           |               |     |    |              |              |              |                    |    |       |
| Communication issues                        |           |               |     |    |              |              |              |                    |    |       |
| Mood Disorder                               |           |               |     |    |              |              |              |                    |    |       |
| OCD                                         |           |               |     |    |              |              |              |                    |    |       |
| Psychosis                                   |           |               |     |    |              |              |              |                    |    |       |
| Other (OT etc.)                             |           |               |     |    |              |              |              |                    |    |       |

| Carer Needs      |           |               |                         |
|------------------|-----------|---------------|-------------------------|
| Focus            | Discussed | Not Discussed | Action Required / Notes |
| Current Concerns |           |               |                         |

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| Current Supports / Needs |  |  |  |
|--------------------------|--|--|--|