Supporting Resource 2. Paediatric to Adult Transition of Complex or High Cost Medicines (PATCH-Me) Form

[to be completed by member(s) of Paediatric Transition Team]

Patient's full name	Complete all details or affix patient label here			
Sex	□ male □ female	Carer name	Relationship of carer	
D.O.B.		Carer phone	Carer email	
Address		General Practitioner name		
Phone number		General Practitioner phone		
Email contact		General Practitioner email		

Trapeze/ ACI Transition Service referral	If Yes, • provide date of referral	pplicable (because	n and/or provide contact name	e, email and phone number:	
Consent:	☐ I have discussed this referral with the young person and their carer/guardian and they agree their information may be provided to the adult hospital, their general practitioner and other relevant care providers as discussed as part of the transitioning process				
Form completed by	Name	Position	Contact details Phone	Email	
Paediatric Transition Team Member					
Date form sent to adult hospital(s)			Date form sent to General Practitioner		

PAEDIATRIC hospital service details							
		Pharmacy department	Contact name	Email	Phone		
Hospital name		DTC	Contact name	Email	Phone		
		Complete this caring for pate	column if more than one specialist ient	Complete this column if more than one specialist caring for patient			
Specialist name	1.	2.		3.			
For treatment of							
Date of last paediatric appointment							
Email							
Phone							



Hospital name		Pharmacy department	Contact Name Contact Name	Email Email	Phone Phone
		DTC			
Date of expected transfer of services		Complete this column if more than one specialist caring for patient		Complete this column if more than one specialist caring for patient	
Specialist name	1.	2.		3.	
For treatment of					
Date of appointment					
Email					
Phone					

Medication List (add more rows as required)						
Medication	Form	Dose	Indication	Proposed supply~	Further information^	Comments/Checklist

[~]Proposed supply may include: adult hospital, paediatric hospital, community pharmacy, sponsor.



[^]Further information may include: PBS, non-PBS; SAS medicine; off-label use; via Medicine Access program (MAP); requires special prescribing rights; requires DTC approval; private script; over the counter; compounded.