**Hôpitaux Shriners**
pour enfants®
**Shriners Hospitals**
for Children®

**Canada**

# OI* Transfer Summary

to facilitate the transition between pediatric and adult care

## Contact Information

| Full Name | | Preferred Name |
|---|---|---|
| Home Address | | E-mail Address |
| Home Phone Number | | Cell Phone Number |
| Emergency Contact 1 | Relationship | Phone |
| Emergency Contact 2 | Relationship | Phone |

## General Information

| Date of Birth | | | |
|---|---|---|---|
| Spoken Languages | English ☐ | French ☐ | Other ☐ |
| Preferred language of communication | English ☐ | French ☐ | Other ☐ |
| Cultural and Religious Considerations | | | |
| Financial Assistance / Private Insurance / Other | | | |
| Applications to Welfare / Disability | | | |
| Methods of Transportation | | | |
| Service Animals | | | |
| I would like ☐Mother ☐Father ☐Significant other ☐Other ______________ to be involved with my care. | | | |
| Signed Release of Information Form from Treating Center ☐Yes ☐No | | | |
| General Concerns | | | |

OI* = Osteogenesis Imperfecta

# Psychosocial

| Learning needs and accommodations for school, work and / or leisure | |
|---|---|
| Current Living Arrangement | Future Living Arrangement |
| Volunteer Experience | |
| Post-Secondary Education / Employment | |
| Post-Secondary Education Concerns (eg.: adapted campus/residence, funding, resources) | |
| Sources of Social Support (eg.: peers, family, friends, partners, etc.) | |
| Previous or current history of distress / anxiety / depression / other mental health concerns | |
| Best person / people to talk to when feeling distressed / anxious / depressed | |
| Sexual & Reproductive Health Concerns | |
| Pets | |
| Hobbies | |
| Other Psychosocial Concerns | |

# General Medical Information

| Allergies | Height | Weight<br>Date of Last Weight |
|---|---|---|
| Immunizations and flu vaccines | | |
| Dietary Needs | | |
| Lifestyle Habits (eg.: diet, alcohol, drugs, exercise, etc.) | | |
| Participation in Clinical Research | | |

# Family History

| Family History of OI |
|---|
| Other Medical Family History (eg.: diabetes, heart disease, cancer, etc.) |

# Medical Diagnoses & History

| Medical Diagnoses | | |
|---|---|---|
| Presence of Dentinogenesis Imperfecta: ☐Yes ☐No | | |
| Type of OI | Date of Last Fracture | Total number of fractures |
| Major Surgeries | | |
| Major Hospitalizations | | |
| Treatments | | |
| Pain & Pain Management | Acute (location, strategies, resources) | |
| | Chronic (location, strategies, resources) | |
| Other or Ongoing Medical Concerns | | |

# Current Prescribed Medication(s)

| Medication name | Dose | Frequency | Start date / How long have you been taking it? | Reason for taking this medication? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Recent Lab Results, X-Rays, Etc.

| Test & Date of last test | Results Summary | |
|---|---|---|
| Bone Mineral Density | | Z-score<br>BMD |
| Pulminary Function test | | |
| Other (specify) | | |
| Other (specify) | | |
| X-Rays for fractures done at which institutions? | | |
| Abnormal test results Date | Action taken | Outcome |
| | | |

## Medical Equipment, Orthotics, Assistive Devices

| Equipment | Provider | Provider Contact |
|---|---|---|
| | | |
| | | |

## Functional Capabilities & Independence Level

| Mobility & Transfers |
|---|
| Activities of Daily Living (eg.: eating, bathing, dressing, toileting, transferring, continence) |
| Instrumental Activities of Daily Living (eg.: housework, groceries, management of money / medications, etc.) |

## Follow-up Requirements / Other Professionals & Community Services

| Healthcare Professional / Organisation | Medical test / Procedure / Service | Frequency | Contact information / Department |
|---|---|---|---|
| Patient seen by rehabilitation services? ☐Yes ☐No | | | |
| Patient seen by Community Health Centre or other hospitals? ☐Yes ☐No | | | |
| Patient seen by dentist? ☐Yes ☐No | | | |
| | | | |
| | | | |
| | | | |

## General Concerns

| |
|---|
| |

**For information for parents, youths, adults and health care professionals, please visit:**

- OI Foundation (www.oif.org)
- Brittle Bone Society (www.brittlebone.org)
- OI Australia (www.oiaustralia.org.au)
- OI Federation of Europe (www.oife.org)
- Care 4 Brittle Bones Foundation (www.care4brittlebones.org)

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