

Other things you would like us to consider during your Transition.



Lincolnshire Partnership  
NHS Foundation Trust

**Signatures**

**Transitioning Person:** .....

**CAMHS Worker**

Name: .....

Signature: .....

**Adult MHS Worker**

Name: .....

Signature: .....

**Date:** .....

**FOR LPFT USE ONLY**

NHS Number: .....

People invited to meeting:  AMHT  CAMHS

Young Person  Parent / Carer  Significant Other

Did all attend? Y / N

If No, who did not: .....

# My Transition Plan: Moving to Adult Services

**Name:**

## What is your transition goal?

What transition goals would you like to achieve in moving to Adult Services?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

## Checklist

Your new team will be called:

The name of your new Key Worker is:

Your new team can be contacted by/on:

Do you know how your new team will contact you?

Your new appointments will be at:

How frequent will your appointments will be?