Transitioning from Pediatric to Adult Care

Why it's important to plan ahead -

To ensure your child receives high-quality, developmentally appropriate health care in an uninterrupted manner

When to begin planning –

Now! The transitioning process is best initiated as early as age 12

When the transition should occur -

You should begin to see an adult doctor between the ages of 18 and 21

Who is responsible for ensuring the transition occurs -

You are responsible for this transition and you should begin to assume increasing responsibility for your own health care. You should ask your parents and/or current doctor for help

Transitioning Steps:

Age 12 to 13: Discuss your transition with your parents and doctor. It is important that you are aware of the steps that will need to be taken in the future.

Age 14 to 15: Review the above steps. Do you have any special health care needs? Do you see any specialists? If yes, you should begin to identify adult based specialty practices that will be able to care for you once you reach adulthood

Age 16 to 17: Review the above steps.

Age \geq 18: Schedule your first appointment with your new adult physician. Make sure to request a copy of all of your prior medical records, including your immunization record, to take with you to your first appointment with your new doctor.

My current doctor is:	My new adult doctor is:
Address:	Address:
Phone number:	Phone number:
My first appointment with my new doctor i	s:
(Make sure you take this packet, your medical records BIRTH HISTORY:	s, and your insurance card with you to your appointment)
Your birth weight: Were you born early? If so, how many weeks early? Did your mother have any problems with her pregnan	
Were you hospitalized at the time of your birth? If yes, how many days? or weeks?	_
What problems did you have at birth?	
MY MEDICAL PROBLEMS ARE:	
1)	
2)	
3)	
4)	
5)	
HAVE YOU EVER HAD ANY TESTS DONE FO (MRI, CT scan, EEG, EKG, blood tests, genetic testing)	OR THE ABOVE CONDITIONS? ng, psychological tests?)
Name of test Date of test Results	
i i	



Dates of Hospitalization			Reason for ho	spitaliza ———	ntion ——————
AVE YOU HAD	ANY SUR	GERIES?			
lame of surgery		Date of surger	y	Reason	n for surgery
		:			
				<u> </u>	
MY MEDICATIO		ia it takan fan?	How much? (Dosel	How often
Medication:	What	is it taken for?	How much: (Dosej	110W Offen
· · · · · · · · · · · · · · · · · · ·					1
MY ALLERGIES	S ARE:				
; Food, medication	or other a	ıllergy	Reaction and	l treatm	ent
		·			
			1		

Philadelphia Federally Qualified Health Centers (FQHC)

Philadelphia District Health Centers

Any Philadelphia resident is eligible for free or low cost care at the City's District Health Centers.

Facility	Address	Phone
District Health Center #2	1720 S. Broad St.	215 685-1803
District Health Center #3	555 S. 43 rd St.	215 685-7504
District Health Center #4	4400 Haverford Ave.	215 685-7601
District Health Center #5	1900 N. 20 th St.	215 685-2933
District Health Center #6	301-23 W. Girard Ave.	215 685-3803
District Health Center #9	131 E. Chelten Ave.	215 685-5703
District Health Center #10	2230 Cottman Ave.	215 685-0639
Strawberry Mansion Health Center	2840 W. Dauphin St.	215 685-2401

Federal Health Centers, listed by neighborhood:

North Philadelphia

North i imadelpina		
Facility	Address	Phone
Fairmount Health Center	1412 Fairmount Ave.	215 235-9600
OCHC - Finley Family Health Contex >	2813-W. Diamond St. \	215-763-4445
QCHC – QCHC Family Health Center	2501 W. Lehigh Ave.	215 227-0300
QCHC - Meade Family Health Center	18 th and Oxford Aves.	215 765-9501
Hunting Park Health Center	1999 W. Hunting Park Ave.	215 228-9300
Maria de Los Santos Health Center	452 W Allegheny Ave.	215 291-2500
Esperanza Health Center	1331 E. Wyoming Ave.	215 831-1100
Esperanza Health Center – N. 5 th Street	2490 N. 5 th Street.	215 221-6633
Broad Street Clinic	1415 N. Broad St.	215 227-0300
Abbottsford Health Center	3205 Defense Terrace	215 843-9720
Falls Family Practice	4333 Kelly Dr.	215 843-2500
Temple Health Connection	1035 West Berks St.	215 765-6690
Broad Street Health Center	1415 N. Broad St.	215-235-7944

Northeast Philadelphia

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Facility	Address	Phone:
Covenant House Health Services	251 E. Bringhurst St.	215 844-1020
Frankford Ave. Health Center	4510 Frankford Ave.	215 744-1302
Kelly's Kids Corner for Primary Care	Hansberry St & Pulaski Ave.	215 849-4626
Rising Sun Health Center	Rising Sun and Adams Aves.	215 728-6404

Southeast Philadelphia

Facility	Address	Phone
South East Health Center	800 Washington Ave.	215 339-5100
Wilson Park Center	2520 Snyder Ave.	215 755-7700
Fourth Street Medical Suite	1401 S. 4 th St.	215 339-1070

West and Southwest Philadelphia

Facility	Address	Phone
Health Annex - PENN Nursing Network	5803 Kingsessing Ave.	215 727-4721
Haddington Health Center	5619-25 Vine St.	215 471-2761
Woodland Ave. Health Center	5000 Woodland Ave.	215 726-9807
QCHC - Vaux Family Health Center	2300 W. Master St.	215 236-8289
Sayre Family Health Center	5800 Walnut St.	215 474-4411

Center City

Facility	Address	Phone
Mary Howard Health Center	125 South 9th St.	215 592-4500
11th Street Medical Help & Services	850 North 11th St.	215 769-1100

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Date:	
I hereby authorize the above-referenced prac-	tice to produce and release copies of medical records for:
Patient's Name:	
Patient's DOB:	
Parent/Guardian's Name:	(Printed)
	(Signature)
ID. 2) Requests for medical records will be	ions regarding patient privacy, records cannot be released to anyone without valid picture completed within 15 business days. 3) Please ensure that we received the correct name nary Care Provider. This information must be presented at the time this request is being to be mailed directly to you, there is a fee associated with this request.
Please release the following information:	
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Health Assessments	(Parent/Guardian's Initials)
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Other	(Parent/Guardian's Initials)
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Address:	
Please complete this section with your child	's new PCP information:
Please mail records to:	