

When looking for an adult healthcare provider, you may ask for recommendations from your pediatrician, pediatric specialists, insurance provider, friends and local Down syndrome society. When making decisions about transferring care, you may want to consider a doctor's training or special interests, support services (such as access to social workers and psychologists), involvement in a physician network (or hospital system), use of a shared electronic medical record, and office policies (such as their after-hours arrangement). **The main goal in choosing a new doctor is finding someone who is willing to partner with you and your family.**

Specialty	Current pediatric provider	Transitioning to adult provider
General Health  (primary care)	Name: _____	Name: _____
	Address: _____ _____	Address: _____ _____
	Phone/Fax: _____	Phone/Fax: _____
	Why I visit: _____	Why I visit: _____
	Records sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Records received? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____	Name: _____
	Address: _____ _____	Address: _____ _____
	Phone/Fax: _____	Phone/Fax: _____
	Why I visit: _____	Why I visit: _____
	Records sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Records received? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____	Name: _____
	Address: _____ _____	Address: _____ _____
	Phone/Fax: _____	Phone/Fax: _____
	Why I visit: _____	Why I visit: _____
	Records sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Records received? <input type="checkbox"/> Yes <input type="checkbox"/> No

Specialty	Current pediatric provider	Transitioning to adult provider
	Name: _____ Address: _____ _____ Phone/Fax: _____ Why I visit: _____ Records sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Address: _____ _____ Phone/Fax: _____ Why I visit: _____ Records received? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____ Address: _____ _____ Phone/Fax: _____ Why I visit: _____ Records sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Address: _____ _____ Phone/Fax: _____ Why I visit: _____ Records received? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____ Address: _____ _____ Phone/Fax: _____ Why I visit: _____ Records sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Address: _____ _____ Phone/Fax: _____ Why I visit: _____ Records received? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name: _____ Address: _____ _____ Phone/Fax: _____ Why I visit: _____ Records sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Address: _____ _____ Phone/Fax: _____ Why I visit: _____ Records received? <input type="checkbox"/> Yes <input type="checkbox"/> No