

Progress Report

To be completed by a CF care team member. A photocopy should be sent home with the CF Patient and Parent. This copy should be retained in the patient chart.

Note to care team: Please see the CF R.I.S.E. Program Guide for guidance on scoring.

Name: _____

TRANSITION GOALS (Please note that transition goals should be specific and answer the questions: "Who?", "What?", "Where?", "When?", and "Why?") <i>Example:</i> Call and refill your next inhaled antibiotic prescription two weeks before you are due to start your next cycle so that you receive your medication before your "start" date and don't miss a dose.	We have reviewed this form and agree to meet the goals outlined below.		
	DATE	PT/HCP Initials	Complete ✓
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

CF KNOWLEDGE MODULES	DATE	SCORE	DATE	SCORE
LUNG HEALTH & AIRWAY CLEARANCE				
PANCREATIC INSUFFICIENCY & NUTRITION				
CF LIVER DISEASE (CFLD)				
CF-RELATED DIABETES (CFRD)				
GENERAL CF HEALTH				
SCREENING & PREVENTION				
EQUIP. MAINTENANCE & INFECTION CONTROL				
MALE SEXUAL HEALTH				
FEMALE SEXUAL HEALTH				
LIFESTYLE				
INSURANCE & FINANCIAL				
COLLEGE & WORK				

CF RESPONSIBILITIES CHECKLIST	DATE	SCORE	DATE	SCORE
WORKING WITH THE CF CARE TEAM				
RESPONSIBILITY FOR CF TREATMENTS				
LIVING WITH CYSTIC FIBROSIS				
CF TRANSFER				
INSURANCE AND FINANCIAL PLANNING				
EDUCATION AND CAREER PLANNING				