**Personal action plan checklist for transferring/discharging active file and current regular patients**

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|  | | **✓/comment** |
| Review | each patient’s file, prepare tentative handover plan and identify alternative therapist options |  |
| Record | above information in dedicated spreadsheet (refer to template) |  |
| Notify | individually all active file patients, both regular and intermittent |  |
| Optimise | patient participation and choice in the transfer process |  |
| Inform | all current regular patients of decision to close up in person |  |
| all other patients of decision by letter and offer appointment(s) |  |
| patients’ other health care providers by letter, e.g. general practitioner, other referrer |  |
| Record | all notifications provided and other letters sent and received in patients’ file |  |