Please fill out this form to help us see what your youth already knows about their health and using health care and areas that you think they/you need to learn more about. If you need help completing this form, please let us know.

|  |  |  |
| --- | --- | --- |
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|  |
| --- |
| Date: Patient Name: Date of Birth: Caregiver Name: Are you the main/full-time caregiver? ☐ Yes ☐ No |
| Transition Importance and Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel right now.* |

 |
| How important is for your youth to prepare for and change to an adult doctor before age 22?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 (not) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (very) |

How confident do you feel about your youth’s ability to prepare for and change to an adult doctor before 22?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 (not) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (very) |

 |

|  |  |  |  |
| --- | --- | --- | --- |
| Your Youth’s Health *Please check the box that applies to you right now.* | Yes, my youth knows this. | My youth needs do learn this. | *I need to learn this.* |
| My youth knows his/her medical needs. |  ☐ | ☐ | ☐ |
| My youth can tell other people his/her medical needs. | ☐ | ☐ | ☐ |
| My youth knows his/her symptoms including ones that he/she needs to see a doctor for. | ☐ | ☐ | ☐ |
| My youth knows what to do if he/she has a medical emergency.  | ☐ | ☐ | ☐ |
| My youth knows the medicines he/she takes and what they are for. | ☐ | ☐ | ☐ |
| My youth can take his/her medication without a reminder. | ☐ | ☐ | ☐ |
| My youth knows his/her allergies. | ☐ | ☐ | ☐ |
| My youth knows what to do in case of an allergic reaction. | ☐ | ☐ | ☐ |
| My youth knows he/she can see a doctor alone as I wait in the waiting room. | ☐ | ☐ | ☐ |
| Using Health Care *Please check the box that applies to you right now.* | **Yes, my youth knows this*.*** | **My youth needs to learn this.** | *I need to learn this.* |
| My youth knows who his/her doctors are. | ☐ | ☐ | ☐ |
| My youth knows or can find his/her doctor’s phone number. | ☐ | ☐ | ☐ |
| My youth knows how to talk about special assistance needed for his/her doctor appointment. | ☐ | ☐ | ☐ |
| My youth knows how to reach his/her doctors (phone, text, e-mail). | ☐ | ☐ | ☐ |
| My youth makes his/her own doctor appointments.  | ☐ | ☐ | ☐ |
| Before a visit, my youth thinks about questions to ask. | ☐ | ☐ | ☐ |
| My youth has a way to get to his/her doctor’s office. | ☐ | ☐ | ☐ |
| My youth knows to show up 15 minutes before the visit to check in. | ☐ | ☐ | ☐ |
| My youth knows where to get care when his/her doctor’s office is closed. | ☐ | ☐ | ☐ |
| My youth has a file at home with his/her medical information. | ☐ | ☐ | ☐ |
| My youth has a copy of his/her plan of care. | ☐ | ☐ | ☐ |
| My youth knows how to fill out medical forms.  | ☐ | ☐ | ☐ |
| My youth knows how to ask for a form to be seen by other doctors or therapists.  | ☐ | ☐ | ☐ |
| My youth knows where their pharmacy is and what to do when he/she runs out of his/her medicines. | ☐ | ☐ | ☐ |
| My youth knows where to get a blood test or x-rays if the doctor orders them. | ☐ | ☐ | ☐ |
| My youth carries health information with him/her every day (e.g., insurance card, allergies, medications, and emergency phone numbers). | ☐ | ☐ | ☐ |
| My youth understands that health privacy changes at age 18 and how it changes. | ☐ | ☐ | ☐ |
| My youth has a plan so he/she can keep his/her health insurance after 18 or older. | ☐ | ☐ | ☐ |
| My youth and I have discussed a plan for supported decision-making, if needed. | ☐ | ☐ | ☐ |