Please fill out this form to help us see what you already know about your health and how to use health care and the areas that you need to learn more about. If you need help completing this form, please ask your parent/caregiver.

|  |  |  |
| --- | --- | --- |
|

|  |
| --- |
| Date: Name: Date of Birth:   |
| 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 it to you to prepare for/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 ability to prepare for/change to an adult doctor?

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

 |

|  |  |  |  |
| --- | --- | --- | --- |
| My Health *Please check the box that applies to you right now.* | *Yes, I know this* | *I need to learn* | *Someone needs to do this… Who?* |
| I know my medical needs. | ☐ | ☐ | ☐ |
| I can tell others what my medical needs are. | ☐ | ☐ | ☐ |
| I know my symptoms including ones that I quickly need to see a doctor for. | ☐ | ☐ | ☐ |
| I know what to do if I have a medical emergency. | ☐ | ☐ | ☐ |
| I know who to contact in my family or among friends if I have a medical emergency. | ☐ | ☐ | ☐ |
| I know my medications and what they are for. | ☐ | ☐ | ☐ |
| I know when to take my medications without a reminder. | ☐ | ☐ | ☐ |
| I know my allergies.  | ☐ | ☐ | ☐ |
| I know what do in case of an allergic reaction. | ☐ | ☐ | ☐ |
| I know my non medication treatments (for example occupational and physical therapy) and when I need to do them.  | ☐ | ☐ | ☐ |
| I know my assistive devices. | ☐ | ☐ | ☐ |
| I know how to maintain my assistive devices.  | ☐ | ☐ | ☐ |
| Using Health Care *Please check the box that applies to you right now.*  | ***Yes, I know this*** | ***I need to learn*** | *Someone needs to do this… Who?* |
| I know who my doctors are. | ☐ | ☐ | ☐ |
| I know how to tell my doctor’s office about the special assistance I need prior to my first visit (e.g., help with transferring) | ☐ | ☐ | ☐ |
| I know how I can reach my doctor (phone, email, text, etc.) | ☐ | ☐ | ☐ |
| I make and keep track of my own doctor appointments.  | ☐ | ☐ | ☐ |
| Before a visit, I think about questions to ask about my health. | ☐ | ☐ | ☐ |
| I have a way to get to my doctor’s office. | ☐ | ☐ | ☐ |
| I know to show up 15 minutes before the visit to check in. | ☐ | ☐ | ☐ |
| I know where to go to get medical care when the doctor’s office is closed. | ☐ | ☐ | ☐ |
| I have a file/folder at home for my medical information. | ☐ | ☐ | ☐ |
| I have a copy of my medical summary and emergency care plan. | ☐ | ☐ | ☐ |
| I have a copy of my plan of care. | ☐ | ☐ | ☐ |
| I carry important health information with me every day (e.g. insurance card, allergies, medications, emergency contact information, and medical summary). | ☐ | ☐ | ☐ |
| I know how to fill out medical forms.  | ☐ | ☐ | ☐ |
| I know how to ask for a form to be seen by other doctors/therapists. | ☐ | ☐ | ☐ |
| I know where my pharmacy is and what to do when I run out of my medication. | ☐ | ☐ | ☐ |
| I know where to get blood tests or x-rays if my doctor orders them. | ☐ | ☐ | ☐ |
| I understand how health care privacy changes once I turn 18. | ☐ | ☐ | ☐ |
| I have a plan so I can keep my health insurance after age 18 | ☐ | ☐ | ☐ |
| My family and I have discussed my ability to make my own health care decisions at age 18. | ☐ | ☐ | ☐ |