



Transition Readiness Assessment for Youth

Six Core Elements of Health Care Transition 2.0

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

Date:

Name:

Date of Birth:

Transition and Self-Care 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 manage your own health care?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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How confident do you feel about your ability to manage your own health care?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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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 explain my medical needs to others.

I know my symptoms including ones that I quickly need to see a doctor for.

I know what to do in case I have a medical emergency.

I know my own medicines, what they are for, and when I need to take them.

I know my allergies to medicines and the medicines I should not take.

I can explain to others how my customs and beliefs affect my health care decisions and medical treatment.

Using Health Care

I know or I can find my doctor's phone number.

I make my own doctor appointments.

I know how to use My Health

Before a visit, I think about questions to ask.

I have a way to get to my doctor's office.

I know I need 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 at home for my medical information.

I know how to fill out medical forms.

I know how to get referrals to other providers.

I know where my pharmacy is and how to refill my medicines.

I know where to get blood work or x-rays done if my doctor orders them.

I carry important health information with me every day (e.g. insurance card, allergies, medications, emergency contact information, medical summary).

I understand how health care privacy changes at age 18 when legally an adult.

I have a plan so I can keep my health insurance after 18 or older.

My family and I have discussed my ability to make my own health care decisions at age 18

I know how to make contact with appropriate community organizations.

I have identified a physician to provide adult care

GOALS:

I want to try to do _____

_____ by next visit