

Health Care Transition Checklist (Parent)

Child's Name _____ Today's Date _____

Date of Birth _____ Completed By _____

Basic Information About Health Condition	My child does this independently	My child does this with some help	My child cannot do this	Not applicable
Can tell someone what his/her diagnosis, disability, or health condition is.				
Can describe how the health condition affects his/her body.				
Can describe how his/her condition affects his/her daily life.				
Can tell a health care provider his/her medical history.				
Tells me or other adult(s) about unusual changes in his/her health.				
Can list his/her allergies and tell others if he/she has an allergic reaction.				
Carries an identification card listing emergency information.				
Wears a medical alert bracelet/necklace.				
Tells the difference between gloominess and depression.				
Maintains good self-esteem.				
Identifies limitations that affect daily life activities, such as mobility, communication, task completion, adjusting to change, and interpersonal skills.				

Comments:

Focus Areas:

Health Care Practices	My child does this independently	My child does this with some help	My child cannot do this	Not applicable
Practices good personal hygiene.				
List usual medical tasks and rate child's independence in performing them:				
1.				
2.				
Makes good choices about friends.				
Chooses a healthy diet and				
Can identify healthy ways to reduce stress.				
Maintains an exercise and fitness routine.				
Avoids smoking and alcohol.				
Identifies healthy ways to reduce stress.				
Can discuss changes that take place in his/her body during puberty.				

Comments:

Focus Areas:

Medications, Medical Tests, Equipment and Supplies	My child does this independently	My child does this with some help	My child cannot do this	Not applicable
Can name his/her medications, dosage, and frequency.				
Can explain the reason for each medication prescribed.				
Can tell what the side effects of his/her medications are.				
Takes his/her medications correctly.				
Tells me when his/her supply of medication(s) is low.				
Can tell what happens if he/she does not take his/her medications correctly.				
Can list the medical tests he/she has regularly.				
Uses and takes care of his/her medical equipment and/or supplies.				
Tells me when there are problems with his/her medical equipment.				
Can order own medications from the pharmacy.				

Comments:

Focus Areas:

Health Care Provider Visits	My child does this independently	My child does this with some help	My child cannot do this	Not applicable
Asks at least one question during a health care visit.				
Answers at least one question during a health care visit.				
Spends some time alone with the professional during a health care visit, as appropriate.				
Understands the reasons for new medications/treatments.				
Can tell the date and reason for his/her next health care appointment.				
Can call his/her health care provider's office to make or change an appointment.				

Comments:

Focus Areas:

Health Care Transition	My child does this independently	My child does this with some help	My child cannot do this	Not applicable
Has talked to his/her health care provider about going to different providers when he/she becomes an adult.				
Has set goals for taking care of his/her own health.				
Has taken more responsibility for his/her own health care by learning new skills.				
Has talked to older children or young adults about health care transition.				

Comments:

Focus Areas:

Transitions at School	My child does this independently	My child does this with some help	My child cannot do this	Not applicable
Manages his/her regular medical tasks at school.				
List medical tasks that need to be completed at school and rate child's independence in performing them:				
1.				
2.				
Tells his/her teachers and nurses about changes in his/her health.				
Has attended an IEP or 504 meeting.				
Has talked with his/her school nurse or case manager about health care transition.				

Comments:

Focus Areas:

Using the Internet for Health Care	My child does this independently	My child does this with some help.	My child does not do this	Not Applicable
Uses the Internet for a variety of purposes.				
Uses the Internet safely.				
Finds answers to health questions using the Internet (medications, diagnosis definitions, symptoms).				
Uses the Internet to find ways to reduce stress or prevent bullying.				
Uses the Internet to refill prescriptions.				
Uses the Internet to find a doctor or dentist.				
Uses the Internet to make a doctor or dentist appointment.				
Uses the Internet to access my medical profile with my doctor.				
Finds healthy food to eat, including recipes, using the Internet.				
Learns about healthy exercise programs using the Internet.				

Comments:

Focus Areas: