Health Care Transition Checklist (Student)

Child's Name _____ Today's Date_____

Date of Birth _____ Completed By_____

Basic Information About Health Condition	I do this independently	I do this with some help	I cannot do this	Not applicable
I can tell someone what my diagnosis, disability, or health condition is.				
I can describe how the health condition affects my body.				
I can describe how my condition affects my daily life.				
I can tell a health care provider my medical history.				
I tell my parents or other adult(s) about unusual changes in my health.				
I can list my allergies and tell others if I have an allergic reaction.				
I carry an identification card listing emergency information.				
I wear a medical alert bracelet/necklace.				
I can tell the difference between normal gloominess and depression				
I maintain good self-esteem				
I can identify limitations that affect my daily life activities -- ie: mobility, communication, task completion, adjusting to change, interpersonal skills				

Comments:

Focus Areas:

Health Care Practices	I do this independently	I do this with some help	I cannot do this	Not applicable
I practice good personal hygiene				
List usual medical tasks and rate your independence in performing them:				
1				
2				
I make good choices about friends.				
I choose a healthy diet.				
I maintain an exercise and fitness routine.				
I avoid smoking and alcohol.				
I can identify healthy ways to reduce stress.				
I can discuss changes that take place in my body during puberty.				

Comments:

Focus Areas:

Medications, Medical Tests, Equipment and Supplies	I do this independently	I do this with some help	I cannot do this	Not applicable
I can name my medications, dosage, and frequency.				
I can explain the reason for each medication prescribed.				
I can tell what the side effects of my medications are.				
I take my medications correctly.				
I tell my parents when my supply of medication is low.				
I can tell what happens if I do not take my medications correctly.				
I can list the medical tests I have regularly.				
I use and take care of my medical equipment and/ or supplies.				
I advocate when there are problems with my medical equipment.				
I can order my own medications from the pharmacy.				

Comments:

Focus Areas:

Health Care Provider Visits	I do this independently	I do this with some help	I cannot do this	Not applicable
I ask at least one question during a health care visit.				
I answer at least one question during a health care visit.				
I spend some time alone with the professional during a health care visit.				
I understand the reasons for new medications/ treatments.				
I can tell the date and reason for my next health care appointment.				
I can call my health care provider's office to make or change an appointment.				

Comments:

Focus Areas:

Health Care Transition	I do this independently	I do this with some help	I 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	I do this independently	I do this with some help	I cannot do this	Not applicable

I manage my regular medical tasks at school.				
List medical tasks that need to be completed at school and rate your independence in performing them:				
1.				
2.				
I tell my teachers and nurses about changes in my health.				
I have attended an IEP or 504 meeting.				
I have talked with my school nurse and/or case manager about health care transition.				

Comments:

Focus Areas:

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

Comments:

Focus Areas.

This questionnaire was adapted from the HEALTH CARE TRANSITION WORKBOOK (a product of Health Care Initiative at the University of Florida).