

5

STEPS TO TRANSFER OF CARE

Transition Assessment

#	PART 1 (AGES 12-14 YEARS OLD)	Yes	No
1	I can describe my medical condition.	<input type="checkbox"/>	<input type="checkbox"/>
2	I can name my medications and now what they are for.	<input type="checkbox"/>	<input type="checkbox"/>
3	I know my dosage and times I need to take my medication.	<input type="checkbox"/>	<input type="checkbox"/>
4	I know my allergies to medications and medicines I should NOT take.	<input type="checkbox"/>	<input type="checkbox"/>
5	I know my doctors' and nurses' names and roles.	<input type="checkbox"/>	<input type="checkbox"/>
6	I can use and read a thermometer.	<input type="checkbox"/>	<input type="checkbox"/>
7	I can answer at least 1 medical or health question during my health care visit.	<input type="checkbox"/>	<input type="checkbox"/>
8	I can manage my medical issues at school.	<input type="checkbox"/>	<input type="checkbox"/>
9	I know my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>
10	I can call my doctor's office to make or change an appointment.	<input type="checkbox"/>	<input type="checkbox"/>
11	Before my doctor's visit, I think about questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>

5

STEPS TO TRANSFER OF CARE

Transition Assessment

#	PART 2 (AGES 14-17 YEARS OLD)	Yes	No
1	I know the names and purposes of the tests that are done.	<input type="checkbox"/>	<input type="checkbox"/>
2	I know what can make my medical condition or health worse.	<input type="checkbox"/>	<input type="checkbox"/>
3	I know my medical history.	<input type="checkbox"/>	<input type="checkbox"/>
4	I answer most of the questions during a health care visit.	<input type="checkbox"/>	<input type="checkbox"/>
5	I am comfortable spending alone time with the doctor during my visit.	<input type="checkbox"/>	<input type="checkbox"/>
6	I understand what drugs and alcohol can do to my medical condition/health.	<input type="checkbox"/>	<input type="checkbox"/>
7	I understand how my condition affects my sexuality and sex functions.	<input type="checkbox"/>	<input type="checkbox"/>
8	I know where to go to get medical care when my doctor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>
9	I know how to fill out medical forms.	<input type="checkbox"/>	<input type="checkbox"/>
10	I reorder my medications and call my doctor for refills.	<input type="checkbox"/>	<input type="checkbox"/>
11	I know where my pharmacy is and how to refill my medications.	<input type="checkbox"/>	<input type="checkbox"/>
12	I carry important health information with me at all times (insurance card, allergies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

5

STEPS TO TRANSFER OF CARE

Transition Assessment

#	PART 3 (AGES 17+)	Yes	No
1	My family and I have discussed my ability to make my own health care decisions at 18.	<input type="checkbox"/>	<input type="checkbox"/>
2	I understand how health care privacy changes at age 18.	<input type="checkbox"/>	<input type="checkbox"/>
3	I have a plan so I can keep my health insurance after 18 or older.	<input type="checkbox"/>	<input type="checkbox"/>
4	I have ensured health insurance coverage for my health care as an adult.	<input type="checkbox"/>	<input type="checkbox"/>
5	I have identified an adult physician for transfer of care.	<input type="checkbox"/>	<input type="checkbox"/>
6	I have made an appointment with an adult physician for transfer of medical care.	<input type="checkbox"/>	<input type="checkbox"/>
7	I am prepared for my appointment with my adult physician.	<input type="checkbox"/>	<input type="checkbox"/>
8	I am aware of the resources available to me that I can use in regard to illness disability.	<input type="checkbox"/>	<input type="checkbox"/>