

Checklist to assess healthcare skills of young people starting a transition of care program



This checklist is for you to fill in with your family or transition leader. It will help you identify what you know and be aware of any gaps in knowledge or skills that you will need to transfer smoothly to adult health services. It is a good idea to complete this once a year to check how your skills are developing. **Please answer all questions:**

Healthcare Skills	I'm confident	I need more info and time	Notes	N/A
MY MEDICAL CONDITION				
I can describe my medical condition	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I am aware of any allergies I have and how to manage them	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I can prepare and ask my healthcare team questions relating to my health	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I know my height, weight and date of birth (D.O.B)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I know how to make or reschedule my appointments	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I have a system in place to help track my condition, appointments and medical care	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
MEDICATIONS AND TREATMENTS				
I am responsible for taking my medications	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I take my medications, as prescribed, without reminders	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I know the names of my medication, dosages and what they are for	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I know the side effects and restrictions of my medications	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I am aware that different food and drinks affect my medications	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I know which tests I have regularly and why I need them	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
GETTING HELP				
I know what to do if I become unwell or need urgent medical assistance (including after hours)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I know what signs and symptoms to look out for if I become unwell	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I know who to contact for medical advice and treatment (including after hours)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I have a GP and their contact details	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I have the contact details for my cardiology team and other relevant healthcare teams	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I have my own Medicare card or a copy of it	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I have an emergency medical ID set up on my phone and/or a medical alert bracelet	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
SUPPORT/WELLBEING				
I know that I can start to ask for time with my doctor on my own without my family	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I know how to find more information about my health condition	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I have had time alone with the doctor without my family	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I am confident asking questions and communicating with my healthcare team/s	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

Comments

Name UR Date