



Transition readiness checklist for young people

This checklist is for you to fill in on your own or with a member of your healthcare team or your transition coordinator. You can bring this checklist to your medical appointments. There are no right or wrong answers and your responses will help you identify areas for you to focus on before transferring to adult healthcare services.

Name: _____

Date: _____

Date of birth: _____



Please select the most appropriate response for each question	I do this by myself	I sometimes do this by myself	I'm starting to think about doing this myself	Someone does this for me	Don't know	Not needed for my care Not applicable
Medical condition						
I am able to describe my medical condition						
I know my medical history and where to get that information from						
I understand the medical terms, words and procedures related to my condition						
I know what tests I need to have, why and how often						
I am able to prepare and ask questions of doctors, nurses or other health professionals						
I can respond to questions from doctors, nurses or other health professionals						
I am aware of any allergies I have and how to manage them						
I am seen on my own when I come to an appointment						
Medications and treatment						
I know my medications, what they are for and if there are any side effects						
I understand what will happen if I don't take my medications						
I am responsible for my own prescriptions and/or medical supplies, including ordering and payment						
Getting help and support						
I know when to seek medical help, including in an emergency						
I know who to contact for medical treatment advice including medical emergencies or out of hours						
I know who my personal supports are and where I can get more support or information if needed						

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Please select the most appropriate response for each question	I do this by myself	I sometimes do this by myself	I'm starting to think about doing this myself	Someone does this for me	Don't know	Not needed for my care Not applicable
Healthcare skills						
I keep a diary of all my appointments and know how to make an appointment when necessary						
I know how to fill out a medical history form and other paperwork related to my appointments or procedures						
I know my health insurance details or know how to get this information						
I know the purpose of and how to use my medical alert ID bracelet, if applicable						
General health						
I know the benefits of looking after myself and how factors such as diet, sleep and stress affect my health						
I know how drugs and alcohol will affect my health						
I know where to get information about sexual health/contraception						
Transition to adult healthcare services						
I know what to expect in the adult healthcare service						
I have identified a General Practitioner (GP) that I think I will work well with						
I know my medical team and who to contact in the adult healthcare service						
I know the health skills or knowledge regarding my condition that I should focus on and am able to communicate this to my adult doctor						
I have a Medicare card						
I have my own Health Care Card (if applicable)						

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