



TRANSITION READINESS CHECKLIST



Use this checklist to identify the skills you already have, and the areas where you may need to increase your knowledge to help you prepare for transition.

Date: _____ **MRN:** _____ **Name:** _____ **Sex:** _____ **DOB:** _____

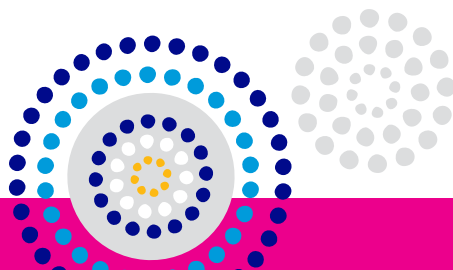
Home Phone: _____ **Mobile:** _____ **Email:** _____

Interpreter required: _____ **Preferred language:** _____ **Mailing address:** _____

Evaluation date:

	I'm on top of this	I need to work on this	I have no idea	N/A
1. I know the names of my medications and what they are for.				
2. I have allergies and I know how to manage them.				
3. I can confidently name and explain my medical condition and treatment plan.				
4. I am responsible for remembering and administering my medications.				
5. I am aware of any side effects of the medications I take.				
6. I am responsible for getting my prescriptions.				
7. I know the equipment I need for treatment and what it is used for.				
8. I am familiar with the tests that I have regularly and why I need to have them.				
9. I can make or reschedule my own appointments.				
10. I know who I can direct health questions to and I feel comfortable asking.				
11. I can attend appointments without my parent/guardian present.				
12. I have a GP and feel comfortable with.				

**TICK THE
BOXES**



TRANSITION READINESS CHECKLIST cont.

	I'm on top of this	I need to work on this	I have no idea	N/A
13. I know what to do when I become unwell.				
14. I know who to contact if I need help.				
15. I know where/how to get information about peer support programs.				
16. I know about resources that offer support for young people like me.				
17. I understand my rights to privacy and my role in decision making.				
18. I know where to get information about sexual health, drugs, alcohol and stress.				
19. I understand what transition means.				
20. I have been given information about the adult service and I feel comfortable about the choice.				
21. I am actively involved in my transition.				
22. I have my own Medicare card.				
23. I have my own Health care card.				
24. I know my private health insurance details.				
25. I know the names and contact information of the people I'm seeing in the adult service.				
26. I have visited the adult service I am transitioning to.				
27. I have attended my first appointment for my new health service.				

Comments:

**TICK THE
BOXES**

