



# 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:** \_\_\_\_\_

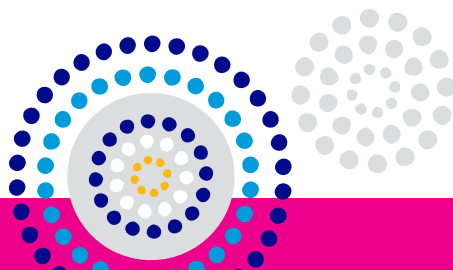
**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**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:

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**TICK THE  
BOXES**

