



Sample Transition Readiness Assessment for Youth

Six Core Elements of Health Care Transition 2.0

Please fill out this form to help us see what you already know about your health and how to use health care and the areas that you need to learn more about. If you need help completing this form, please ask your parent/caregiver.

Date:

Name:

Date of Birth:

Transition Importance and Confidence

On a scale of 0 to 10, please circle the number that best describes how you feel right now.

How important is it to you to prepare for/change to an adult doctor before age 22?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
---------	---	---	---	---	---	---	---	---	---	-----------

How confident do you feel about your ability to prepare for/change to an adult doctor?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
---------	---	---	---	---	---	---	---	---	---	-----------

My Health

Please check the box that applies to you right now.

*Yes, I
know this*

*I need to
learn*

*Someone needs to
do this... Who?*

I know my medical needs.

☐☐☐

I can explain my medical needs to others.

☐☐☐

I know my symptoms including ones that I quickly need to see a doctor for.

☐☐☐

I know what to do in case I have a medical emergency.

☐☐☐

I know my own medicines, what they are for, and when I need to take them.

☐☐☐

I know my allergies to medicines and medicines I should not take.

☐☐☐

I carry important health information with me every day (e.g. insurance card, allergies, medications, emergency contact information, medical summary).

☐☐☐

I understand how health care privacy changes at age 18 when legally an adult.

☐☐☐

I can explain to others how my customs and beliefs affect my health care decisions and medical treatment.

☐☐☐

Using Health Care

I know or I can find my doctor's phone number.

☐☐☐

I make my own doctor appointments.

☐☐☐

Before a visit, I think about questions to ask.

☐☐☐

I have a way to get to my doctor's office.

☐☐☐

I know to show up 15 minutes before the visit to check in.

☐☐☐

I know where to go to get medical care when the doctor's office is closed.

☐☐☐

I have a file at home for my medical information.

☐☐☐

I have a copy of my current plan of care.

☐☐☐

I know how to fill out medical forms.

☐☐☐

I know how to get referrals to other providers.

☐☐☐

I know where my pharmacy is and how to refill my medicines.

☐☐☐

I know where to get blood work or x-rays if my doctor orders them.

☐☐☐

I have a plan so I can keep my health insurance after 18 or older.

☐☐☐

My family and I have discussed my ability to make my own health care decisions at age 18.

☐☐☐