

## **Transition Readiness Changing Roles for Youth**

Compare your answers with your family. They might be surprised what you know or what you want to learn. Work on a plan to increase your health care skills. Share with the medical team the skills that you are working on. It takes time and practice to learn and demonstrate these skills. Best time to start, is today!

| Health & Wellness 101 The Basic Skills  | Yes<br>I do<br>this | I want<br>to do<br>this | I need<br>to learn<br>how | Someone else will have to do this - Who? |
|---|---------------------|-------------------------|---------------------------|--|
| KNOWLEDGE OF HEALTH ISSUES/DIAGNOSIS  |                     |                         |                           |  |
| I understand my health care needs, and disability and can explain my needs to others.   |                     |                         |                           |  |
| 2. I can explain to others how our family's customs and beliefs might affect health care decisions and medical treatments.  |                     |                         |                           |  |
| 3. I know my health and wellness baseline (pulse, respiration rate, elimination habits)   |                     |                         |                           |  |
| 4. I know my symptoms that need quick medical attention.  |                     |                         |                           |  |
| 5. I know what to do in case I have a medical emergency   |                     |                         |                           |  |
| BEING PREPARED  |                     |                         |                           |  |
| 6. I carry my health insurance card everyday  |                     |                         |                           |  |
| 7. I carry my important health information with me everyday (i.e.: medical summary, including medical diagnosis, list of medications, allergy info., doctor's numbers, drug store number, etc.)                                   |                     |                         |                           |  |
| TAKING CHARGE   |                     |                         |                           |  |
| 8. I call for my own doctor appointments.   |                     |                         |                           |  |
| 9. I know I have an option to see my doctor by myself.  |                     |                         |                           |  |
| 10. Before a doctor's appointment I prepare written questions to ask.   |                     |                         |                           |  |
| 11. I track my own appointments and prescription refills expiration dates.  |                     |                         |                           |  |
| 12. I call in my own prescriptions refills.   |                     |                         |                           |  |
| 13. I have a part in filing my medical records and receipts at home.  |                     |                         |                           |  |
| 14. I pay my co-pays for medical visits.  |                     |                         |                           |  |
| 15. I co-sign the "permission for medical treatment" form (with or without signature stamp, or can direct others to do so).   |                     |                         |                           |  |
| 16. I help monitor my medical equipment so it's in good working condition (daily and routine maintenance).  |                     |                         |                           |  |
| AFTER AGE 18  |                     |                         |                           |  |
| 17. My family and I have a plan so I can keep my healthcare insurance after I turn 18 and 26.   |                     |                         |                           |  |
| 18. I sign my own medical forms (HIPAA, permission for treatment, release of records)   |                     |                         |                           |  |
| 19. My family and I have discussed and plan to develop a legal Power of Attorney for health care decisions in the event my health changes and I am unable to make decisions for myself. (Everyone in the family should have one!) |                     |                         |                           |  |

You are welcome to use this tool -Changing Roles "as is" or adapt it to your setting or needs. Revised in 2011 by Patti Hackett, MEd. This tool was adapted from the federally funded, HRSA/MCHB HRTW Tool -Changing Roles, developed by Patti Hackett, Ceci Shapland and Mallory Cyr, 2006, 2009.