# Patient Transition Readiness Assessment

Date: _____

Name:_____ Date of birth:_____

## Transition Importance and Confidence:

Please check box next to your response on a scale of 0-10
(0=not confident at all, 10=completely confident)

How important is it to you to manage your own health care?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How important is it for you to transfer to adult doctors before age 22?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How confident do you feel about your ability to transfer to an adult doctor?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

| My Health: | Yes, I know this | I need to work on this | Who can help with this? |
|---|---|---|---|
| I know my medical needs. | ☐ | ☐ | |
| I can explain my medical needs to others. | ☐ | ☐ | |
| I know my symptoms including those that require me to see a doctor quickly. | ☐ | ☐ | |
| I know what to do in case of an emergency. | ☐ | ☐ | |
| I know my medicines, why I take them, and when to take them. | ☐ | ☐ | |
| I know my allergies and what medicines I should not take. | ☐ | ☐ | |
| I have and carry important medical information daily (health insurance, emergency contact, allergies, medications, health summary). | ☐ | ☐ | |
| I know how consent and health care privacy change when I am 18 (legal adult). | ☐ | ☐ | |
| I can explain my customs and beliefs to others and how they affect my health care treatment and decisions. | ☐ | ☐ | |

| Using Health Care: | Yes, I know this | I need to work on this | Who can help with this? |
|---|---|---|---|
| I can find my doctor's number. | ☐ | ☐ | |
| I can make my own doctor appointments. | ☐ | ☐ | |
| Before my visit, I think of questions to ask. | ☐ | ☐ | |
| I have transportation to my doctor's office. | ☐ | ☐ | |
| I know to show up 15 minutes before an appointment. | ☐ | ☐ | |
| I know where to get medical care when my doctor's office is closed. | ☐ | ☐ | |
| I have a file at home with my medical information. | ☐ | ☐ | |
| I have a copy of my current plan of care. | ☐ | ☐ | |
| I can fill out medical forms. | ☐ | ☐ | |

*(Continued on back)*

## Using Health Care(continued):

| | Yes, I know this | I need to work on this | Who can help with this? |
|---|---|---|---|
| I know how to get referrals to other providers. | ☐ | ☐ | |
| I have a pharmacy and know how to refill my medications. | ☐ | ☐ | |
| I know where to obtain tests (x-rays/labs) if my doctor orders them. | ☐ | ☐ | |
| I have a plan to keep health insurance after I turn 18 or older. | ☐ | ☐ | |
| My family and I have discussed my ability to make my own health care decisions at age 18. | ☐ | ☐ | |