

TRANSITIONING TO INDEPENDENCE: HOW READY ARE YOU?

Young people can take care of their own health conditions or disabilities in a variety of ways. Shriners Hospital would like to help you build the skills you need to make a successful transition to adult care and independent living. Please take a few moments to answer the questions on the front and back of this page. Then please turn this in to your nurse. Thank you.

A. STAYING HEALTHY

1.	I have a doctor or clinic that I go to when I am sick or need a check-up.	Yes	No
2.	My immunizations are up to date.	Yes	No
3.	I know my medical insurance numbers, or carry the information in my wallet.	Yes	No
4.	I know about my medical insurance coverage.	Yes	No
5.	I call to schedule my own medical and dental appointments.	Yes	No
6.	I keep a calendar of doctor and dentist appointments.	Yes	No
7.	I can get my medical records, diagnosis information, etc.	Yes	No
8.	I know how to hire and manage a personal care attendant, if I need one.	Yes	No
9.	I know emergency telephone numbers, or carry information in my wallet.	Yes	No
10.	I know how to find and contact appropriate community support programs.	Yes	No
11.	I know how to get transportation to my medical appointments, school, and job.	Yes	No
12.	I know how drugs, alcohol, and tobacco products affect my health.	Yes	No
13.	I know how to prevent unplanned pregnancy and sexually transmitted diseases.	Yes	No

Any questions or comments?

B. KNOWLEDGE OF YOUR HEALTH CONDITION

1.	I can describe my medical condition or disability.	Yes	No
2.	I understand how my condition can affect my daily life.	Yes	No
3.	I know the "danger signs" of my condition and when to seek medical care.	Yes	No
4.	I am responsible for taking my own medications.	Yes	No
5.	I know my medications, what they do, and their side effects.	Yes	No
6.	I know when, how much, and why I take medications (prescription and over-the-counter, like Tylenol).	Yes	No
7.	I can get my prescriptions refilled.	Yes	No
8.	I can get the medication, therapy, supplies, and equipment I need.	Yes	No
9.	I am responsible for doing my own treatments.	Yes	No

Any questions or comments?

Almost finished. Please turn this over and answer the questions on the back too.

C. EDUCATION AND WORK

1.	I go to school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	My school works with me to care for my special needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Applicable
3.	I participate in Individual Education Plan (IEP) meetings at school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Applicable
4.	I plan to graduate from high school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	I know what I need to do to get into college, vocational training, or get a good job.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	I have a volunteer job.	<input type="checkbox"/> Now	<input type="checkbox"/> Used to <input type="checkbox"/> Never
7.	I get paid for a part-time or full-time job.	<input type="checkbox"/> Now	<input type="checkbox"/> Used to <input type="checkbox"/> Never
8.	I know what I would like to do when I become an adult.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any questions or comments?

D. ADULT HEALTH CARE

1.	I have identified who will be my doctor when I leave Shriners Hospital.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	I have made an appointment with my adult health care provider.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	I have already had an appointment with my adult health care provider.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	I have a way to pay for my health care as an adult.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any questions or comments?

Now, please sign below and turn this in to your nurse. Thank you.

Your Signature _____ Your Age _____

Today's Date _____