Name:

Transition Resources



Date:

4 Readiness to transfer: for young people

| This checklist is for you to fill in with your parents or health care tear aware of any gaps in knowledge or skills so that you can transfer sn | | | | е |
|---|------------------|-------------------|-------|----|
| Healthcare skills | l'm confident | Need more info | Notes | NA |
| Knowing my condition | | | | |
| I can confidently name and explain my medical condition and treatment plan | | | | |
| 2. I know the symptoms or complications related to my health condition | | | | |
| 3. I am aware of any allergies I have and how to manage them | | | | |
| 4. I have discussed with my health care team the effects of smoking, alcohol and drugs on my health condition | | | | |
| 5. I have discussed contraception with my specialist and how my condition might impact on fertility and pregnancy | | | | |
| Medications and treatment | | | | |
| 6. I know the names of my medications and what they are for | | | | |
| 7. I am responsible for administering my own medications | | | | |
| 8. I know the side effects and restrictions of my medication/s | | | | |
| 9. I am aware that different food and drinks could affect my medications | | | | |
| 10. I am responsible for getting a repeat of my prescriptions and having it filled | | | | |
| 11. I know which tests I have regularly and why I need them | | | | |
| Appointments | | | | |
| 12. I can make my own appointments including rescheduling an appointment | | | | |
| 13. I have appointments with my doctor by myself | | | | |
| 14. I feel comfortable asking my doctor to provide further explanation if I am unclear about anything | | | | |
| 15. I know how to organise payment for appointments and treatments | | | | |
| 16. I know that every year I need a new referral from my GP for the specialist | | | | |
| Support/wellbeing | | | | |
| 17. I have a GP that I trust. (Your GP will become more important as the coordinator of your care once you transfer to the adult hospital) | | | | |
| 18. I know what to do if I become unwell or need urgent medical assistance | | | | |

→ More questions on Page 2



→ Continued from Page 2

| Health care skills | I'm confident | Need more info | Notes | NA |
|---|------------------|-------------------|-------|----|
| Support/wellbeing continued | | | | |
| 19. I am aware of my health care rights and responsibilities | | | | |
| 20. I feel confident speaking up about my health care needs | | | | |
| 21. I have strategies/support in place if I am feeling stressed or upset | | | | |
| 22. I know how to find information/support about alcohol, drugs, sexual health or relationship issues. Refer to the HeartKids website for more information | | | | |
| Transition to Adult Health Service | | | | |
| 25. I have plan for how I will transfer to the adult health service | | | | |
| 26. I have the contact details of my new health care staff at the adult service/s | | | | |
| 27. I know how to book and change appointments at my new adult service/s | | | | |
| 28. I have information about the differences between paediatric and adult health services | | | | |
| 29. I have my first appointment booked at my new adult health service/s | | | | |
| 30. I know how to get to my appointment | | | | |
| 31. I have my own Medicare card and know what it's for | | | | |
| 32. I have my own Health Care Card | | | | |
| 33. I have my Private Health Insurance details | | | | |