Checklist to assess healthcare skills of young people starting a transition of care program



This checklist is for you to fill in with your family or transition leader. It will help you identify what you know and be aware of any gaps in knowledge or skills that you will need to transfer smoothly to adult health services. It is a good idea to complete this once a year to check how your skills are developing. **Please answer all questions:**

	l'm	l need more info		
Healthcare Skills	confident	and time	Notes	N/A
MY MEDICAL CONDITION				
I can describe my medical condition	\bigcirc	\bigcirc		\bigcirc
I am aware of any allergies I have and how to manage them	\bigcirc	\bigcirc		\bigcirc
I can prepare and ask my healthcare team questions relating to my health	\bigcirc	\bigcirc		\bigcirc
I know my height, weight and date of birth (D.O.B)	\bigcirc	\bigcirc		\bigcirc
I know how to make or reschedule my appointments	\bigcirc	\bigcirc		\bigcirc
I have a system in place to help track my condition, appointments and medical care	\bigcirc	\bigcirc		\bigcirc
MEDICATIONS AND TREATMENTS				
I am responsible for taking my medications	\bigcirc	\bigcirc		\bigcirc
I take my medications, as prescribed, without reminders	\bigcirc	\bigcirc		\bigcirc
I know the names of my medication, dosages and what they are for	\bigcirc	\bigcirc		\bigcirc
I know the side effects and restrictions of my medications	\bigcirc	\bigcirc		\bigcirc
I am aware that different food and drinks affect my medications	\bigcirc	\bigcirc		\bigcirc
I know which tests I have regularly and why I need them	\bigcirc	\bigcirc		\bigcirc
GETTING HELP				
I know what to do if I become unwell or need urgent medical assistance (including after hours)	\bigcirc	\bigcirc		\bigcirc
I know what signs and symptoms to look out for if I become unwell	\bigcirc	\bigcirc		\bigcirc
I know who to contact for medical advice and treatment (including after hours)	\bigcirc	\bigcirc		\bigcirc
I have a GP and their contact details	\bigcirc	\bigcirc		\bigcirc
I have the contact details for my cardiology team and other relevant healthcare teams	\bigcirc	\bigcirc		\bigcirc
I have my own Medicare card or a copy of it	\bigcirc	\bigcirc		\bigcirc
I have an emergency medical ID set up on my phone and/or a medical alert bracelet	\bigcirc	\bigcirc		\bigcirc
SUPPORT/WELLBEING				
I know that I can start to ask for time with my doctor on my own without my family	\bigcirc	\bigcirc		\bigcirc
I know how to find more information about my health condition	\bigcirc	\bigcirc		\bigcirc
I have had time alone with the doctor without my family	\bigcirc	\bigcirc		\bigcirc
I am confident asking questions and communicating with my healthcare team/s	\bigcirc	\bigcirc		\bigcirc

Comments

Name UR Date

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This checklist was produced as part of the National Action Plan for Childhood Heart Disease Health Professional Education Project with a working group for transition of care comprised of relevant health professionals from the CoHD community along with consumers with lived experience. This document has also been reviewed by the HeartKids Clinical Advisory Committee at the time of publication in March 2024. Clinical information might change after this date. The information in this checklist is general. It is not a substitute for medical advice from your doctor. Always talk to your doctor about matters that affect your or your family's health. Got some feedback about our resources? Go to: heartkids.org.au/feedback