

Name: _____ Date: _____

Transition Health Care Assessment

PLEASE CIRCLE ONE

The adolescent demonstrates knowledge of his/her health condition and its management by:

- | | | | |
|---|-----|----|-----|
| 1. Being able to explain the etiology and pathophysiology underlying his/her medical condition. | Yes | No | N/A |
| 2. Describing long-term management and treatment regimen. | Yes | No | N/A |
| 3. Identifying actual or potential problems in adhering to treatment. | Yes | No | N/A |
| 4. Describing the use of prescribed medications. | Yes | No | N/A |
| 5. Stating the normal and abnormal pertinent laboratory values and diagnostic test results and their meaning. | Yes | No | N/A |

Adolescent engages in preventative health behaviors by:

- | | | | |
|--|-----|----|-----|
| 1. Keeping appointment with a Primary Care Physician (PCP). | Yes | No | N/A |
| 2. Being current with immunizations and health care screenings. | Yes | No | N/A |
| 3. Abstaining from using alcohol, cigarettes, and drugs, and having unprotected sex. | Yes | No | N/A |
| 4. Taking adequate measures for self-protection such as wearing orthotics. | Yes | No | N/A |
| 5. Wearing Medi-Alert bracelet/necklace. | Yes | No | N/A |
| 6. Engaging in some form of regular exercise. | Yes | No | N/A |
| 7. Visiting dentist on a regular basis. | Yes | No | N/A |
| 8. Maintaining an oral hygiene program of brushing and flossing teeth. | Yes | No | N/A |
| 9. Recognizing early signs and symptoms of infections (URI, UTI). | Yes | No | N/A |

Adolescent demonstrates knowledge of emergency measures by:

- | | | | |
|--|-----|----|-----|
| 1. Having reliable phone access at home. | Yes | No | N/A |
| 2. Keeping list of phone numbers of family and friends to call in urgent/emergency situations/matters. | Yes | No | N/A |
| 3. Keeping list of phone numbers of health and nonhealth emergency services, poison control center. | Yes | No | N/A |
| 4. Identifying the location of the nearest ER. | Yes | No | N/A |
| 5. Notifying the fire department of special needs and reviewing their emergency evacuations. | Yes | No | N/A |
| 6. Notifying utility companies of additional service needs. | Yes | No | N/A |

PLEASE CIRCLE ONE

Adolescent demonstrates understanding of his/her need for environmental modifications/accommodations by:

- | | | | |
|--|-----|----|-----|
| 1. Having electrical modifications done for life support equipment (ventilator) or other durable equipment such as hover lift. | Yes | No | N/A |
| 2. Securing storage space for supplies and equipment. | Yes | No | N/A |
| 3. Having wheelchair ramps and modifications made for doors, tubs. | Yes | No | N/A |
| 4. Disposing of supplies (e.g., needles) properly and safely. | Yes | No | N/A |

Adolescent demonstrates the ability to monitor his/her health condition by:

- | | | | |
|---|-----|----|-----|
| 1. Knowing when to seek medical care. | Yes | No | N/A |
| 2. Identifying triggers for problems or flare-ups of medical condition. | Yes | No | N/A |
| 3. Being able to describe environmental risks affecting his/her medical condition (increased elevations, large crowds, airport scanners). | Yes | No | N/A |

Adolescent demonstrates ability to manage his/her special health care needs by:

- | | | | |
|---|-----|----|-----|
| 1. Keeping appointments with specialty care provider(s). | Yes | No | N/A |
| 2. Knowing when to order medications and supplies. | Yes | No | N/A |
| 3. Knowing when to replace durable equipment. | Yes | No | N/A |
| 4. Keeping extra/backup supplies or equipment. | Yes | No | N/A |
| 5. Demonstrating ability to manage attendant(s), home health aide(s), school aide(s), and interpreter(s). | Yes | No | N/A |
| 6. Demonstrating ability to hire and use personal attendants/assistants (PAS). | Yes | No | N/A |

Adolescent demonstrates ability to communicate effectively by:

- | | | | |
|---|-----|----|-----|
| 1. Seeking answers to health-related concerns. | Yes | No | N/A |
| 2. Being able to ask questions of providers. | Yes | No | N/A |
| 3. Obtaining appropriate communication devices/systems as needed. | Yes | No | N/A |
| 4. Making contact with teen/young adult support groups/camps. | Yes | No | N/A |

Adolescent demonstrates ability to access community resources by:

- | | | | |
|--|-----|----|-----|
| 1. Locating resources in the community. | Yes | No | N/A |
| 2. Demonstrating ability to access community resources. | Yes | No | N/A |
| 3. Accessing community transportation as need arises. | Yes | No | N/A |
| 4. Providing school nurse with relevant health care information such as medication schedule during school hours, necessary treatments, and conditions that require monitoring. | Yes | No | N/A |

(continues)

PLEASE CIRCLE ONE

Adolescent demonstrates responsible sexual activity by:

- | | | | |
|--|-----|----|-----|
| 1. Identifying high-risk situations for exploitation and victimization. | Yes | No | N/A |
| 2. Being able to provide reliable sexual history (e.g., nature/level of sexual activity, previous pregnancies, number of partners, STDs, exposure to HIV). | Yes | No | N/A |
| 3. Describing how an STD affects and is affected by the chronic condition. | Yes | No | N/A |
| 4. Using contraception/STD prevention strategies. | Yes | No | N/A |

Adolescent demonstrates knowledge of need to obtain information and reproductive counseling by:

- | | | | |
|---|-----|----|-----|
| 1. Knowing when to seek reproductive counseling. | Yes | No | N/A |
| 2. Understanding the implications of pregnancy and timing of pregnancy in terms of age. | Yes | No | N/A |
| 3. Considering the realistic challenges of becoming a parent. | Yes | No | N/A |

Adolescent demonstrates ability to keep track of health records by:

- | | | | |
|---|-----|----|-----|
| 1. Having copy of health records. | Yes | No | N/A |
| 2. Ensuring adult provider has health records. | Yes | No | N/A |
| 3. Having insurance card or copy. | Yes | No | N/A |
| 4. Recording and keeping appointments for medical visits, dental care, and so on. | Yes | No | N/A |

Adolescent demonstrates knowledge of health insurance concerns and issues by:

- | | | | |
|--|-----|----|-----|
| 1. Identifying when eligibility terminates for health insurance coverage. | Yes | No | N/A |
| 2. Budgeting or making arrangements for medically related expenses not covered by third party payer. | Yes | No | N/A |
| 3. Applying for income assistance (SSI) and public financed health services. | Yes | No | N/A |

Adolescent demonstrates knowledge of his/her accommodations as specified by law by:

- | | | | |
|---|-----|----|-----|
| 1. Identifying need for school/work setting accommodations. | Yes | No | N/A |
| 2. Contacting the college/university Office of Disabled Students. | Yes | No | N/A |
| 3. Being able to describe rights as specified in Americans with Disabilities Act. | Yes | No | N/A |
| 4. Accessing other community based agencies for services (e.g., social service, vocational rehabilitation). | Yes | No | N/A |

		PLEASE CIRCLE ONE		
Adolescent demonstrates ability to use transportation safely by:				
1. Recognizing the limitations of driver's license and ability to drive.		Yes	No	N/A
2. Knowing how to take bus, train, or other mode of public transportation.		Yes	No	N/A
3. Reading bus or other mode of transportation travel schedule.		Yes	No	N/A
4. Having the correct/sufficient amount of money for fare, pass, or auto usage.		Yes	No	N/A
5. Knowing the destination address, phone number, and general direction of where it is located.		Yes	No	N/A
6. Knowing etiquette according to mode of transportation (e.g., waiting one's turn, getting up for elderly).		Yes	No	N/A
7. Being knowledgeable of and able to access local transportation (e.g., Dial-A-Ride, Access Van).		Yes	No	N/A
8. Being aware of safety concerns in traveling neighborhood and community routes.		Yes	No	N/A
9. Knowing length of travel time required and how it will impact scheduling of the day's activities (e.g., when it will get dark, getting back in time for meals).		Yes	No	N/A
10. Knowing to avoid sitting next to passengers with colds, cough, and so on.		Yes	No	N/A
11. Being able to identify appropriate protective behaviors/interactions with strangers.		Yes	No	N/A
12. Carrying phone number of trusted individuals (friends/family) who can provide assistance if needed (e.g., missing last bus of day).		Yes	No	N/A
13. Always informing trusted individual(s) of where he or she is going and time of return.		Yes	No	N/A

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