TRANSITION READINESS CHECKLIST

Use this checklist to identify the skills you already have, and the areas where you may need to increase your knowledge to help you prepare for transition.

| Date: | MRN: | Name: | Sex: | DOB: |
|-------|------|-------|------|------|
|       |      |       |      |      |

**Home Phone:**

**Mobile:**

**Email:**

**Interpreter required:**

**Preferred language:**

**Mailing address:**

|   | I'm on top of this | I need to work on this | I have no idea | N/A |
|---|-------------------|------------------------|----------------|-----|
| 1. | I know the names of my medications and what they are for. |
| 2. | I have allergies and I know how to manage them. |
| 3. | I can confidently name and explain my medical condition and treatment plan. |
| 4. | I am responsible for remembering and administering my medications. |
| 5. | I am aware of any side effects of the medications I take. |
| 6. | I am responsible for getting my prescriptions. |
| 7. | I know the equipment I need for treatment and what it is used for. |
| 8. | I am familiar with the tests that I have regularly and why I need to have them. |
| 9. | I can make or reschedule my own appointments. |
| 10. | I know who I can direct health questions to and I feel comfortable asking. |
| 11. | I can attend appointments without my parent/guardian present. |
| 12. | I have a GP and feel comfortable with. |

TICK THE BOXES

www.trapeze.org.au

www.sydneychildrens.org.au
13. I know what to do when I become unwell.

14. I know who to contact if I need help.

15. I know where/how to get information about peer support programs.

16. I know about resources that offer support for young people like me.

17. I understand my rights to privacy and my role in decision making.

18. I know where to get information about sexual health, drugs, alcohol and stress.

19. I understand what transition means.

20. I have been given information about the adult service and I feel comfortable about the choice.

21. I am actively involved in my transition.

22. I have my own Medicare card.

23. I have my own Health care card.

24. I know my private health insurance details.

25. I know the names and contact information of the people I’m seeing in the adult service.

26. I have visited the adult service I am transitioning to.

27. I have attended my first appointment for my new health service.

| I’m on top of this | I need to work on this | I have no idea | N/A |
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Comments:

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