



Parent/Caregiver Health Transition Worksheet

Your Child's Name:
 Your Child's Age:
 Date Completed:

This worksheet will help you develop a health care transition plan for your child. Check the columns below that apply at this time.

<u>Health Care Transition Worksheet</u>	Yes	No	I want my child to do this	Need More Info
1. I understand my child's medical condition				
2. I have planned for my child's Adult specialty medical care				
3. I have asked my child's primary care doctor to draft a medical summary				
4. I have planned for my child's Adult specialty primary care				
5. I have planned for my child's Adult dental care				
6. I have planned for my child's Adult vision care				
7. I have an emergency plan in place				
<u>Medications/Treatments</u>				
8. My child is able to describe his/her medical condition				
9. My child is able to perform daily medical care/treatments				
10. My child is able to consent to medical care				
11. My child can manage his/her medication				
12. My child knows how to monitor medical equipment so it is in good working condition (daily and routine maintenance)				
13. My child carries important health information everyday (i.e.: medical summary, including medical diagnosis, list of medications, allergy info, doctors/pharmacy numbers, etc)				
14. My child can refill medications and supplies				
<u>Doctor Visits</u>				
15. My child can make medical appointments				
16. My child can tell a doctor or nurse his/her medical history				
17. My child can tell his/her doctor or nurse what's wrong				
18. My child can tell teachers or nurses about changes in his/her health				
19. My child answers at least one question during a doctor's visit				
20. My child asks at least one question during a doctor's visit				
21. My child is prepared to see the doctor by him/her self				
<u>Insurance</u>				
22. My child is on the family's private health insurance				
23. My child receives SSDI (Social Security Disability Income)				
24. As an adult, my child has private insurance through employment				

<u>Insurance</u>	Yes	No	I want my child to do this	Need More Info
25. My child receives Medicaid				
26. My child receives Medicare				
27. My child receives SSI (Supplemental Security Income)				
28. My child carries his/her health insurance card with him/her				
29. My child pays co-pays for his/her medical visits				
30. My child can manage his/her health insurance				
<u>Legal Issues</u>				
31. My child is capable of making medical decisions				
32. I have set up a special needs trust and or Will				
33. I have planned for my child's Guardianship and or Healthcare Power of Attorney				

Credits: Univ. of Illinois at Chicago, Division of Specialized Care for Children and Healthy & Ready to Work

Resources

Parent to Parent of Georgia (P2P) 770-451-5484 or 1-800-229-2038 www.p2pga.org

Transition Manual created by Children's Medical Services, Georgia Department of Human Resources :

www.doh.state.fl.us/AlternateSites/CMS-Kids/families/health_services/transition.html

Vocational Rehabilitation Program (VRSST) 404-486-6331 or 866-489-0001

www.vocrehabga.org

Healthy and Ready to Work: Transition Planning Manuals and Brochures (HRTW)

web.syntiro.org/hrtw//tools/check_transition.html

University of Chicago, Division of Specialized Care for Children (DSCC) 312-996-6380

www.uic.edu/hsc/dscc/

Health care Transition Initiative, University of Florida: hctransitions.ichp.ufl.edu/

Waisman Center UCEDD: www.waisman.wisc.edu/cedd/

PACER: www.pacer.org

National Healthcare Transition Center: www.gottransition.org

Healthy Transitions: healthytransitionsny.org/

North Carolina F2FHIC: www.ecac-parentcenter.org/education/health.htm