



Transition Milestones - Health

Name: _____ Age: _____ Date _____

This transition developmental checklist focuses on activities to help youth gain skills and abilities needed to reach their highest level of independence and ability. The list may not apply to all. It is not comprehensive.

Healthcare Skills & Abilities

		Yes	No	N/A	Need More Info	Age to Discuss
1	Can you describe your own health condition/disability?					
2	Can you describe how your health condition/disability affects your daily life?					
3	Do you wear or carry a medical alert (list of allergies, conditions, etc.)?					
4	Do you tell the doctor or nurse how you feel and what you think you need?					
5	Do you answer questions that are asked by the doctor or nurse?					
6	Do you ask questions of the doctor or nurse?					
7	Do you call the doctor about unusual changes in your health (allergic reaction)?					
8	Do you take part in making health care decisions with your parents and doctor?					
9	Do you see your doctor without your family/parents in the room?					
10	Do you call the doctor's office to make an appointment?					
11	Do you make a list of questions before the doctor's visit?					
12	Do you sign consent forms for your medical treatment (surgery, tests, etc.)?					
13	Do you fill out the medical history form and list your allergies?					
14	Do you have a guardian or power of attorney for health care, if needed?					
15	Do you know when to call 9-1-1 or seek urgent medical care?					

		Yes	No	N/A	Need More Info	Age to Discuss
16	Do you know your rights to control how your health information is used?					
17	Do you keep a calendar or list of your appointments on your own?					
18	Do you follow up on any referral for tests, checkups or labs?					
19	Do you arrange for your ride to medical appointments?					
20	Have you found an adult doctor?					
21	Have you made your first appointment with an adult doctor?					

Medications and Treatments Skills and Abilities

		Yes	No	N/A	Need More Info	Age to Discuss
22	Do you take part in your medical treatments?					
23	Do you know the names of your medicines?					
24	Do you know why you take each of your medicines?					
25	Do you know the side effects or bad reactions of each medicine?					
26	Do you take your own medicines, with reminder?					
27	Do you direct (know the steps and tell another how to do it) your treatments?					
28	Are you able to do your own treatments?					
29	Do you know what can happen if you skip your treatments or medicine?					
30	Do you take your medicines correctly and on your own?					
31	Do you use and take care of medical equipment and supplies?					
32	Do you call the company when there is a problem with your equipment?					
33	Do you reorder medicines and/or supplies before they run out?					
34	Do you fill a prescription if you need to?					

Insurance Skills and Abilities

		Yes	No	N/A	Need More Info	Age to Discuss
35	Do you understand what health insurance is for?					
36	Do you carry a health insurance card?					
37	Do you show your health insurance card at your medical appointments?					
38	Do you know what your health insurance covers - co-pays, deductibles, referrals, etc.?					
39	Do you apply for health insurance when you lose your current coverage?					

Adapted with permission from the University of Illinois of Chicago Specialized Care For Children
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