

Pediatric to Adult Care Transitions Tools | Transition Readiness Assessment for Youth with Intellectual/Developmental Disabilities

This document should be completed by youth with intellectual or developmental disabilities who are under the age of 18 years old in order to assess their readiness to transition to an adult health care provider. If a youth's intellectual or developmental disabilities prevent him or her from independently filling out this document, the youth's caregiver should fill out the caregiver version of this Transition Readiness assessment form instead.

Please fill out this form to help us see what you already know about your health and using health care and areas that you need to learn more about. If you need help completing this form, please let us know.

Date:

Name:

Date of Birth:

Legal Choices for Making Health Care Decisions

I can make my own health care choices.

I need some help with making health care choices (Name: _____ Consent: _____).

I have a legal guardian (Name: _____).

I need a referral to community services for legal help with health care decisions and guardianship.

Personal Care

I care for my all my needs.

I care for my own needs with help.

I am unable to provide self-care, but can direct others.

I require total personal care assistance.

Transition and Self-Care Importance and Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel right now.*

How important is it to you to take care of your own health care and change to adult doctor before age 22?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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How confident do you feel about your ability to take care of your own health care and change to an adult doctor before age 22?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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My Health

Please check the box that applies to you right now.

Yes, I know this.

I need to learn.

Someone needs to do this... Who?

I know my medical needs.

I can tell other people what my medical needs are.

I know what to do if I have a medical emergency.

I know the medicines I take and what they are for, and when I need to take them without someone reminding me.

I know what medicines I should not take.

I know what I am allergic to, including medicines.

I can name 2-3 people who can help with my health goals.

I can explain to people how my beliefs affect my care choices.

Using Health Care

Please check the box that applies to you right now.

Yes, I know this.

I need to learn.

Someone needs to do this... Who?

I know or I can find my doctor's phone number.

I make my own doctor appointments.

Before a visit, I think about questions to ask.

I have a way to get to my doctor's office.

I know I should show up 15 minutes before the visit to check in.

I know where to get care when my doctor's office is closed.

**Pediatric to Adult Care
Transitions Tools**

**Transition Readiness Assessment for *Youth with
Intellectual/Developmental Disabilities***

Using Health Care	<i>Please check the box that applies to you right now.</i>	<i>Yes, I know this.</i>	<i>I need to learn.</i>	<i>Someone needs to do this... Who?</i>
I have a folder at home with my medical information, including my medical summary and emergency care plan.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a copy of my plan of care.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to fill out medical forms.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to ask for a form to be seen by other doctors or therapist.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where my pharmacy is and what to do when I run out of my medicines.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get a blood test or x-rays if the doctor orders them.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry my health information with me every day (e.g. insurance card, allergies, medications, and emergency phone numbers).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know that when I am 18 the rules about my health privacy change.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a plan so I can keep my health insurance after 18 or older.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If applies) I have a plan so I can keep my disability benefits (SSI) after 18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>