

Getting Ready for Youth Health Transition (YHT)

Readiness Assessment

Youth health transition is the time to get ready for the move from pediatric care to adult health care, work, and independence. Learning to manage your health and health care takes time. Experts recommend you start planning for transition around age 14. This gives you enough time to develop the skills you will need.

A readiness assessment is just a list of questions about taking care of you and your health care. A readiness checklist lets you know the skills you need to work on to get ready for doing things on your own.

*For youth who require a lot of help, families can use this tool to prepare for transition. This tool can help identify needs and locate resource links. Transition is a good time for families to build care networks within the family and community to meet future needs.

Youth Health Transition Readiness Assessment (Adapted from Got Transition 2.0)

Fill out this checklist to see what you know and what you may need to learn about managing your health and health services.

| My Health | <i>Check the box that applies to you right now</i> <input checked="" type="checkbox"/> | Yes, I know this | I need to learn | Someone needs to do this... Who? |
|---|--|--------------------------|--------------------------|----------------------------------|
| I know my medical needs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I can explain my medical needs to others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I know my symptoms including ones that mean I need to see a doctor quickly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I know what to do in case I have a medical emergency. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I know my medicines, what they are for, and when I need to take them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I know my allergies to medicines and medicines I should not take. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I carry important health information with me every day. (e.g. insurance card, allergies, medications, emergency contact information, medical summary) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I understand how health care privacy changes at age 18 when legally I am an adult. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

| Using Health Care | <i>Check the box that applies to you right now</i> <input checked="" type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I make my own doctor appointments. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Before a visit, I think about questions to ask. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I have a way to get to my doctor's office. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I know to show up 15 minutes before the visit to check in. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I know where to go to get medical care when the doctor's office is closed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I have a file at home for my medical information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I have a copy of my current 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 get referrals to other providers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I know where my pharmacy is and how to refill my medicines. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| I know where to get blood work or x-rays if my doctor orders them. | <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"/> | _____ |
| My family and I have discussed my ability to make my own health care decisions at age 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

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My Transition Plan

The most important thing to remember is that there is no ‘wrong’ way to do a transition plan! A transition plan is all about you, your health, and preparing for doing things on your own. When it comes to managing your health, it is important to let providers know what works for you and what doesn’t. Your input is essential to your health and well-being. If you need help, get your family or a friend to give you a hand. Share your transition plan with your providers.

Start your transition plan with the checklist below. Use it to keep notes and contact information for referrals.

I will begin to take charge of my health

- I will learn more about my health condition by talking to my health care providers and family.
- I will go to smoothmovesYHT.org and gottransition.org for information on transition.
- I will begin to take charge of my health. These are the skills I need to work on:
 - Managing my medications
 - Learning how to do my own medical treatments
 - Filling out medical forms
 - Ordering medicine from the pharmacy
 - Scheduling appointments
 - Learning how to stay healthy
- I will ask my health care providers about meeting with them privately for part of my visit.
- At age 16-18, I will talk to my doctors about the transfer to adult health care providers (when will this happen and what providers they recommend) _____
- My personal transition goals and notes:
 - _____
 - _____
 - _____
- For youth with disabilities or special health care needs* - I will contact **Families Helping Families** or the **CSHS Family Resource Center** at Children’s Hospital to get needed information on transition resources:
 - health insurance _____
 - education after high school/job training _____
 - independent or supported living _____
 - medical/legal decisions at age 18 _____

Youth/Family Transition Support

Families Helping Families

| | | | |
|--|--------------|---|--------------|
| Jefferson | 504-888-9111 | Southwest LA (Lake Charles) | 337-436-2570 |
| Southeast LA (New Orleans) | 504-943-0343 | Crossroads (Alexandria/Pineville) | 318-641-7373 |
| Greater Baton Rouge | 225-216-7474 | Region 7 (Shreveport) | 318-226-4541 |
| Bayouland (Thibodaux) | 985-447-4461 | Northeast LA (Monroe) | 318-361-0487 |
| Acadiana (Lafayette) | 337-984-3458 | Northshore (Covington) | 985-875-0511 |

CSHS Family Resource Center (Children’s Hospital New Orleans) 504-896-1340