

For Teens: Keeping Track of My Own Health Care

Name _____ Date _____

Fill out the checklist. Talk about your answers with your parent/guardian and your primary care provider (PCP). If you answered “no” to any of the questions, start learning and doing these new tasks (with help from others if needed).

Yes No

1. I know my height, weight, birth date, and social security number.
2. I know the name of my condition and can explain my special health care needs.
3. I know who to call in case of emergency.
4. I ask questions during my medical appointments.
5. I respond to questions from my health care providers.
6. I know what kind of medical insurance I have.
7. I know the names of my medications and what they do.
8. I know how to get my prescriptions refilled.
9. I know where to find my medical records.
10. I know how the use of tobacco, alcohol and drugs will affect my health and ability to make decisions.
11. I know how to get birth control and protection from sexually transmitted diseases if I need it.
12. I know how to schedule a medical appointment.
13. I keep a schedule of my medical appointments on a calendar,.
14. I can get myself to medical appointments.

SCORING: If you answered “Yes” to

11-15 statements: Super! You are already taking on adult responsibilities. You are ready to transition your health care and should speak with your health care providers about a transition plan.

6-10 statements: You are on your way. You are actively taking on many responsibilities in your health care. Pick a few more responsibilities from the checklist to do for your next appointment. Also, start talking about transitions with your health care providers.

5 or fewer statements: Now is a good time to start taking on more responsibility in your health care. Pick one new responsibility from the checklist and practice it at your next appointment. If you need help, as a friend, parent, nurse, social worker, or doctor.