

My Health Care Transition Checklist

Health & Wellness 101 The Basics

Yes
I do
this

I want
to do
this

I need
to
learn
how

Someone
else will
have to do
this – Who?

1. I understand my health care needs and disability and can explain my needs to others.
2. I can explain to others how our family's customs and beliefs might affect health care decisions and medical treatments.
3. I carry my health insurance card every day.
4. I know my health and wellness baseline (pulse, respiration rate, elimination habits).
5. I track my own appointments and prescription refill(s) expiration dates.
6. I call for my own doctor appointments.
7. Before a doctor's appointment, I prepare written questions to ask.
8. I know I have an option to see my doctor by myself.
9. I call in my own prescriptions.
10. I carry my important health information with me every day (ie: medical summary, including medical diagnosis, list of medications, allergy info, doctor's numbers, drug store number, etc.)
11. I have a part in filing my medical records and receipts at home.
12. I pay my co-pays for medical visits.
13. I co-sign the "permission for medical treatment" form (with or without signature stamp, or can direct others to do so).
14. I know my symptoms that need quick medical attention.
15. I know what to do in case I have a medical emergency.
16. I help monitor my medical equipment so it's in good working condition (daily and routine maintenance).
17. My family and I have a plan so I can keep my healthcare insurance after I turn 18.

My Name: _____ Date: _____