

Transition to Adult Healthcare Guideline for Independent Youth

This guideline identifies tasks that could help when transitioning to adult healthcare for youth likely to live independently as adults. **Each age range lists new tasks to do in addition to the items in the previous age range.** Some youth may be ready to do these tasks earlier, while others may start at a later age. **Not all tasks are applicable to everyone.** Some activities may need parent involvement or supervision. However, the goal is to promote youth independence as much as possible.



	At around ages 12-14	At around ages 14-16	At around ages 16-17	At around age 17+
APPLY FOR:	<ul style="list-style-type: none"> <input type="checkbox"/> Social Insurance Number (SIN) <input type="checkbox"/> Bank Account 	<ul style="list-style-type: none"> <input type="checkbox"/> Government issued Driver's License or photo ID <input type="checkbox"/> My Alberta Digital ID 		<ul style="list-style-type: none"> <input type="checkbox"/> Adult health insurance benefits** <input type="checkbox"/> Adult Funding** <input type="checkbox"/> Post-secondary education and support <input type="checkbox"/> Scholarships and bursaries <input type="checkbox"/> Adult Home Care** – Attend orientation if doing Self-Managed Care (SMC) <input type="checkbox"/> Supported Decision-Making <input type="checkbox"/> Education, employment, and/or volunteer opportunities
LEARN ABOUT:	<ul style="list-style-type: none"> <input type="checkbox"/> Your medical condition, allergies, medications, treatments, and prognosis <input type="checkbox"/> Talking to your healthcare team <input type="checkbox"/> How caregiver roles change with the transition to adult healthcare <input type="checkbox"/> Support groups, volunteer opportunities, and connections with other youth transitioning to adult healthcare <input type="checkbox"/> Healthy lifestyle choices <input type="checkbox"/> Public and/or accessible transportation <input type="checkbox"/> Mental health <input type="checkbox"/> Sexuality and reproductive health <input type="checkbox"/> Socialization and recreation opportunities <input type="checkbox"/> Self-advocacy <input type="checkbox"/> Confidentiality, informed consent and your patient rights <input type="checkbox"/> Money management <input type="checkbox"/> Personal safety (e.g. technology, social media, and cyber safety) 	<ul style="list-style-type: none"> <input type="checkbox"/> How your medical condition can affect your future independence. For example: <ul style="list-style-type: none"> <input type="checkbox"/> Driving <input type="checkbox"/> Living on your own <input type="checkbox"/> Education <input type="checkbox"/> Working <input type="checkbox"/> Volunteering <input type="checkbox"/> Adaptations for daily activities (e.g. cooking, household chores, etc.) <input type="checkbox"/> How your medications can react with other medications, street drugs and alcohol <input type="checkbox"/> Community resources that support transition to adulthood 	<ul style="list-style-type: none"> <input type="checkbox"/> Differences between pediatric and adult care <input type="checkbox"/> Changes to health insurance when you turn 18 <input type="checkbox"/> Budgeting and managing your money <input type="checkbox"/> Living away from home <input type="checkbox"/> Options for post-secondary education and available supports <input type="checkbox"/> Medical equipment or supplies <input type="checkbox"/> Making your own healthcare decisions <input type="checkbox"/> Adult Home Care –e.g. Vendor Services or Self-Managed Care (SMC) <input type="checkbox"/> Adult Funding 	<ul style="list-style-type: none"> <input type="checkbox"/> Where your care is being transferred <input type="checkbox"/> What to do if you have health concerns or questions during transfer of care <input type="checkbox"/> Community agencies, programs and services <input type="checkbox"/> Advance care planning with your healthcare team <input type="checkbox"/> Personal directives <input type="checkbox"/> 3-Sentence Summary
PREPARE BY:	<ul style="list-style-type: none"> <input type="checkbox"/> Completing the Transition Readiness Checklist for Youth or Parent each year <input type="checkbox"/> Creating a MyHealth Passport or Health Journal and updating it each year <input type="checkbox"/> Organizing health information <input type="checkbox"/> Finding a family doctor <input type="checkbox"/> Helping with meals, grocery shopping and household chores <input type="checkbox"/> Answering/asking questions at your clinic visits <input type="checkbox"/> Signing up for a Transition Information Session <input type="checkbox"/> Participating in medical decisions 	<ul style="list-style-type: none"> <input type="checkbox"/> Setting up a routine to take your medications <input type="checkbox"/> Having an appointment with your family doctor at least once a year <input type="checkbox"/> Keeping track of important health information <input type="checkbox"/> Spending some clinic time talking to your doctor on your own <input type="checkbox"/> Confirming that your family doctor is receiving all relevant medical reports 	<ul style="list-style-type: none"> <input type="checkbox"/> Updating your medical equipment <input type="checkbox"/> Ensuring final pediatric clinic visits are scheduled <input type="checkbox"/> Consulting the doctor on your own <input type="checkbox"/> Filling or refilling your prescriptions <input type="checkbox"/> Practicing activities of daily living, such as making your own appointments or ordering a pizza 	<ul style="list-style-type: none"> <input type="checkbox"/> Booking your own adult clinic appointments <input type="checkbox"/> Preparing for your clinic visits <input type="checkbox"/> Attending appointments by yourself or taking the lead during your appointments <input type="checkbox"/> Creating a personal directive <input type="checkbox"/> Requesting copies of most recent pediatric reports, physician letters and medical transfer summaries <input type="checkbox"/> Using an adult-oriented healthcare journal