

# Well on Your Way

Helping Youth Transition to Adult Healthcare



## Transition Readiness Checklist for Youth

How well do you know yourself? Are you well on your way to take care of your own medical needs? This tool can help you (and your parents) think about the areas where you could be better prepared.

If there is an area you would like to work on, put a ✓ in the box to the left of the statement. You can also use [My Plan](#) to keep track of your goals.

### Managing My Health

✓		Yes	In Progress	N/A
	I have a family doctor that I like and see yearly for physical examinations – <a href="#">Finding a Family Doctor</a>			
	I know who to ask for help if I have depression, anxiety or other mental health concerns – <a href="#">Youth Addiction and Mental Health – Help4Me</a> ; <a href="#">Mental Health Literacy</a>			
	I can describe my health condition to others – <a href="#">Understanding Your Medical Condition</a> ; <a href="#">Talking with Your Healthcare Providers</a> ; <a href="#">Advocating for Yourself</a>			
	I can explain my medical history or have access to a summary – <a href="#">Talking with Your Healthcare Providers</a> ; <a href="#">Understanding Your Medical Condition</a> ; <a href="#">Keeping Track of Health Information</a>			
	I know what my long-term health problems may be – <a href="#">Understanding Your Medical Condition</a>			
	When my symptoms are getting worse I know who to contact and/or what to do – <a href="#">Understanding Your Medical Condition</a>			
	I know what medical tests I need and the reasons for them – <a href="#">Understanding your Medical Condition</a>			
	I wear a <a href="#">medic alert</a> if recommended by my health care provider – <a href="#">Understanding Your Medical Condition</a>			
	I know the names of my medications and dosages– <a href="#">Managing Medications &amp; Treatment Plans</a> ; <a href="#">Know Your Medications</a>			
	I know what each of my medications and/or treatments are for – <a href="#">Managing Medications &amp; Treatment Plans</a> ; <a href="#">Questions to Ask About Your Medicines</a>			
	I know the side effects of the medications I take – <a href="#">Managing Medications &amp; Treatment Plans</a> ; <a href="#">Questions to Ask About Your Medicines</a>			
	I prepare and/or take my own medications and/or treatments – <a href="#">Managing Medications &amp; Treatment Plans</a>			

	I know how to fill my own prescriptions – <a href="#">Managing Medications &amp; Treatment Plans</a> ; <a href="#">How to Fill a Prescription</a>			
	I know how to get specialized equipment and supplies that I need – <a href="#">Equipment &amp; Supplies</a>			
	I know how to maintain my equipment – <a href="#">Equipment &amp; Supplies</a>			
	I keep track of my health care visits, treatment plan, and medications – <a href="#">Keeping Track of Health Information</a>			
	I know how to get my medical records – <a href="#">Keeping Track of Health Information</a>			
	I can make and get to clinic appointments on my own – <a href="#">Booking Medical Appointments</a> ; <a href="#">Transportation</a>			
	I know who my adult care providers will be, how often to see them and for what – <a href="#">Healthcare as an Adult</a> ; <a href="#">Keeping Track of Health Information</a>			
	I know how to be prepared for a natural disaster or emergency – <a href="#">AHS Disaster Resources</a>			
Comments:				

## Health, Recreation and Social Supports

✓		Yes	In Progress	N/A
	My family supports me in managing my health, or I have people to help if family cannot – <a href="#">Making Your Own Decisions</a>			
	I participate in clubs, groups, sports, or activities			
	I have at least one good friend			
	I talk to my family or friend(s) about my problems, sad feelings and/or worries			
	I know who to talk to if I am feeling anxious or depressed (For example: friends, family, healthcare provider, counsellor or another support person) – <a href="#">Youth Addiction and Mental Health – Help4Me</a> ; <a href="#">Mental Health Literacy</a>			
Comments:				

## Sexual Health

✓		Yes	In Progress	N/A
	I know how my condition might affect my sexual health – <a href="#">Sexual &amp; Reproductive Health</a> ; <a href="#">Personal Wellbeing - Sexual Health</a>			
	I know how to prevent an unplanned pregnancy and/or sexually transmitted infections (STIs) – <a href="#">Sexual &amp; Reproductive Health</a> ; <a href="#">Sexual &amp; Reproductive Health: Services by Zone</a>			
	I know about my need for genetic counselling before planning a family – <a href="#">AHS Clinical and Metabolic Genetics Program</a> ; <a href="#">Ready or Not Alberta</a>			
	I know how my health and medications may affect future pregnancies – <a href="#">Ready or Not Alberta</a> ; <a href="#">Medicines During Pregnancy</a>			
Comments:				

## Becoming Independent – School, Work, Travel, Money...

✓		Yes	In Progress	N/A
	I know how my health condition may limit my career choices – <a href="#">Understanding Your Medical Condition</a>			
	I think about what I would like to do after high school and have ideas for my future – <a href="#">Education</a> ; <a href="#">Finding a Job</a>			
	I am setting and working on goals for the future – <a href="#">ALIS: Set SMARTER Goals</a>			
	If I am unable to support myself financially, I know about resources that can help me – <a href="#">Applying for Funding &amp; Supports</a>			
	I know how to budget and manage my money – <a href="#">Managing Your Money</a>			
	I know about funding options for college/university (For example: scholarships and bursaries) – <a href="#">Education</a>			
	I know why and how to register for accessibility and support services at my post-secondary school – <a href="#">Education</a>			
	I know what I need to do to take care of my health if I want to go away to school or live away from home – <a href="#">Moving Out</a> ; <a href="#">Education</a> ; <a href="#">Applying for Funding &amp; Supports</a>			
	I know what resources and supports are available to help me live on my own and/or be as independent as possible – <a href="#">Moving Out</a>			
	I know what I need to do to take care of my health if I want to travel – <a href="#">Travel</a>			
	I am independent with transportation – <a href="#">Transportation</a>			
Comments:				

## Speaking Up for Myself (Self-Advocacy)

✓		Yes	In Progress	N/A
	I am comfortable asking questions of my healthcare providers – <a href="#">Talking with Your Healthcare Providers</a> ; <a href="#">Questions to Ask Your Doctor</a>			
	I am able to meet with my healthcare providers on my own but understand I have the right to have a support person attend if I want – <a href="#">Talking with Your Healthcare Providers</a> ; <a href="#">Supported Decision Making</a>			
	I know what patient confidentiality means – <a href="#">Confidential Healthcare for Youth</a>			
	Before consenting to treatment, I fully understand the risks and benefits– <a href="#">Making Your Own Decisions</a> ; <a href="#">Shared Decision Making</a>			
	I carry a copy of my <a href="#">Alberta Health Care card</a>			
	I know what kind of health insurance I have and carry my own insurance card – <a href="#">Health Insurance</a>			
	I know what my rights and responsibilities are as an employee – <a href="#">Finding a Job</a>			
	I know what my rights and responsibilities are as a <a href="#">student</a>			
	I know how to ask for what I need – <a href="#">Advocating for Yourself</a>			
Comments:				

## Healthy Lifestyle

✓		Yes	In Progress	N/A
	I know how alcohol, drugs and tobacco can affect my health condition and interact with my medications – <a href="#">Managing Medications &amp; Treatment Plans</a>			
	I eat the amount and types of healthy food needed to support growth, development and activities – <a href="#">Healthy Eating for Teens</a> ; <a href="#">Tips for Healthy Eating</a>			
	I know how my health condition affects my physical activities – <a href="#">Exercise &amp; Chronic Disease: Get the Facts</a> ; <a href="#">Understanding Your Medical Condition</a>			
	To stay healthy, I participate in activities/exercise that are safe for me – <a href="#">Personal Wellbeing - Being Active</a>			
Comments:				