



Use this checklist to identify skills your young person already has, and those areas where you may   
need to help them to prepare for the move to new services.

If your young person doesn’t have a GP, ask friends, family and health professionals for recommendations. The general practitioner becomes more important as the coordinator of care once your young person leaves the children’s health services.

| **Healthcare Skill Area** | **Yes** | **Not yet** |
| --- | --- | --- |
| BUILDING KNOWLEDGEI help my young person learn about and understand their condition. I have taught them to: | | |
| Describe their condition and explain any special healthcare needs to others |  |  |
| Name their medications and/or treatments, what they are for, and their dosage |  |  |
| Describe the side effects and restrictions of the medications they take |  |  |
| Know the equipment they need for treatment and what it is used for |  |  |
| Know any tests they have regularly and why |  |  |
| Get health information from dependable sources |  |  |
| INVOLVEMENT WITH HEALTHCAREI encourage my young person to be involved in their own healthcare. I am teaching them to: | | |
| Make their own healthcare appointments and have the contact details of healthcare providers |  |  |
| Take responsibility to get themselves to healthcare appointments |  |  |
| Think of questions to ask before each healthcare appointment |  |  |
| Take time to spend with their health professionals on their own (I step out of the appointment) |  |  |
| Understand their rights to privacy and their role in decision-making about their healthcare |  |  |
| Choose to talk to their doctor without me present if they prefer |  |  |
| FOLLOWING A CARE PLANI am helping my young person to become responsible for: | | |
| Prepare and take their medication and treatments on their own |  |  |
| Get their prescriptions and have them filled |  |  |
| Be organised and keep copies of medical tests, results, clinic and discharge letters |  |  |
| Organise, maintain, and reorder any equipment |  |  |
| Keep track of their own health information (e.g. appointments, medications, test results) |  |  |
| Understand how they will pay for healthcare and medications |  |  |
| Monitor and respond appropriately to their symptoms |  |  |
| Know what to do when they become unwell or need urgent medical assistance |  |  |
| Know how to manage any allergies they have |  |  |
| HEALTH AND LIFESTYLEI coach my young person to speak with their doctor about: | | |
| Stress and about how this might affect their chronic condition |  |  |
| How their condition may affect their mental health |  |  |
| Contraception and how their chronic condition might impact on fertility and pregnancy |  |  |
| How their chronic condition might be affected by tobacco, alcohol and drugs |  |  |
| Eating well and exercising regularly |  |  |
| SUPPORT SERVICES ARE AVAILABLEI encourage my young person to: | | |
| Talk with supportive others about their condition (e.g. family, friends, teachers, sports coaches) |  |  |
| Find other support resources if needed (e.g. I help to find online resources, support groups, camps) |  |  |
| Investigate, with my help, whether they will be eligible for financial support or any concessions from Centrelink |  |  |
| Learn about the National Disability Insurance Scheme (NDIS). I have talked with NDIS on my young person’s behalf to see if there are benefits or resources available |  |  |
| MOVING TO ADULT HEALTHCAREI have helped prepare for my young person’s transition. | | |
| My young person has a regular general practitioner (GP) |  |  |
| I know how to get my young person their own Medicare card and Health Care Card (if relevant) |  |  |
| I’ve discussed with my young person and their clinicians about the My Health Record |  |  |
| I have looked into private health insurance and whether my young person will be covered |  |  |
| I have talked with my young person’s GP or paediatric clinician, or other specialists about:   * what services will be available as my young person enters adulthood |  |  |
| * what new services my young person will transfer to |  |  |
| * where my young person will be referred to in the new health service(s) and whether this can be at a single location |  |  |
| * clinicians who will act as a key person to help with the transition to new services |  |  |
| * if the current treatment plan is available in the new health services |  |  |
| * what monitoring and ongoing tests will be required in adulthood. |  |  |
| I have developed a transition plan with my young person and the healthcare team |  |  |
| I know how to order equipment and supplies in the new services (there may be major differences). |  |  |
| I have spoken with the healthcare team about any concerns I have about the move |  |  |
| I have asked that a detailed medical summary be prepared for the new team |  |  |
| We have met with the new team and are familiar with the location, parking and access |  |  |