UIC SPECIALIZED CARE FOR CHILDREN

TRANSITION MILESTONES
SKILLS LIST: HEALTH CARE

Name: _____ Age: _____ Date: _____

The activities listed will help youth gain the skills and abilities needed to reach their highest level of independence and ability. Some of these activities may not apply to everyone.

HEALTH CARE Skills and Abilities:	**YES**	**NO**	**N/A**	**Need More Info**
1. Can you describe your own health condition/disability?	☐	☐	☐	☐
2. Can you describe how your health condition/disability affects your daily life?	☐	☐	☐	☐
3. Do you wear or carry a medical alert (list of allergies, medical conditions, etc.)?	☐	☐	☐	☐
4. Do you tell the doctor or nurse how you feel and what you think you need?	☐	☐	☐	☐
5. Do you answer questions that are asked by the doctor or nurse?	☐	☐	☐	☐
6. Do you ask questions of the doctor or nurse?	☐	☐	☐	☐
7. Do you call the doctor about unusual changes in your health (allergic reaction)?	☐	☐	☐	☐
8. Do you take part in making health care decisions with your parents and doctor?	☐	☐	☐	☐
9. Do you see your doctor without your family/parents in the room?	☐	☐	☐	☐
10. Do you call the doctor's office to make an appointment?	☐	☐	☐	☐
11. Do you make a list of questions before the doctor's visit?	☐	☐	☐	☐
12. Do you sign consent forms for your medical treatment (surgery, tests, etc.)?	☐	☐	☐	☐
13. Do you fill out the medical history form and list your allergies?	☐	☐	☐	☐
14. Do you have a guardian or power of attorney for health care, if needed?	☐	☐	☐	☐
15. Do you know when to call 9-1-1 or seek urgent medical care?	☐	☐	☐	☐
16. Do you know your rights to control how your health information is used?	☐	☐	☐	☐
17. Do you keep a calendar or list of your appointments on your own?	☐	☐	☐	☐
18. Do you follow up on any referral for tests, checkups or labs?	☐	☐	☐	☐
19. Do you arrange for your ride to medical appointments?	☐	☐	☐	☐
20. Have you found an adult doctor?	☐	☐	☐	☐
21. Have you made your first appointment with an adult doctor?	☐	☐	☐	☐
MEDICATIONS/TREATMENTS Skills and Abilities:	**YES**	**NO**	**N/A**	**Need More Info**
22. Do you take part in your medical treatments?	☐	☐	☐	☐
23. Do you know the names of your medicines?	☐	☐	☐	☐
24. Do you know why you take each of your medicines?	☐	☐	☐	☐
25. Do you know the side effects or bad reactions of each medicine?	☐	☐	☐	☐

MEDICATIONS/TREATMENTS Skills and Abilities: *(continued)*	YES	NO	N/A	Need More Info
26. Do you take your own medicines, with reminder?	☐	☐	☐	☐
27. Do you direct (know the steps and tell another how to do it) your treatments?	☐	☐	☐	☐
28. Are you able to do your own treatments?	☐	☐	☐	☐
29. Do you know what can happen if you skip your treatments or medicine?	☐	☐	☐	☐
30. Do you take your medicines correctly and on your own?	☐	☐	☐	☐
31. Do you use and take care of medical equipment and supplies?	☐	☐	☐	☐
32. Do you call the company when there is a problem with your equipment?	☐	☐	☐	☐
33. Do you reorder medicines and/or supplies before they run out?	☐	☐	☐	☐
34. Do you fill a prescription if you need to?	☐	☐	☐	☐
INSURANCE Skills and Abilities:	**YES**	**NO**	**N/A**	**Need More Info**
35. Do you understand what health insurance is for?	☐	☐	☐	☐
36. Do you carry a health insurance card?	☐	☐	☐	☐
37. Do you show your health insurance card at your medical appointments?	☐	☐	☐	☐
38. Do you know what your health insurance covers - co-pays, deductibles, referrals, etc.?	☐	☐	☐	☐
39. Do you apply for health insurance when you lose your current coverage?	☐	☐	☐	☐

TIPS FOR USING THIS SKILLS LIST:

Think about the skills you want to work on. Make notes of your needs and concerns. Then you can talk about the next steps to take with the people that are helping you prepare for your future.

Notes to Myself: For each "Need More Info" item you checked, list questions you have or what you would like to know more about.

_____

_____

_____

Next Steps – Goals: List what you need to work on to help you learn how to take care of yourself in the future. You can ask the people who are helping you plan for your future to work on this with you.

_____

_____

_____

I would like more information about: ☐ Insurance ☐ Medicaid ☐ Managing My Own Health Care

☐ Other _____

We're here to help. To learn more about UIC-Specialized Care for Children's programs and services, check out our website at:

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