

ADOLESCENT HEALTH CARE SKILLS CHECKLIST

HEALTH CARE SKILLS	YES	DATE	NO	NEEDS PRACTICE	PLAN TO START
Understands diagnosis					
Knows medications					
Knows what meds are for					
Knows how to refill meds					
Knows how to make appointments					
Knows how to keep appt. calendar					
Understands importance of asking questions					
Writes down questions					
Feels comfortable asking about sex, drugs, etc.					
Understands confidential services re: birth control and how to access them					
Understands impact of alcohol and drugs on medical condition					
Knows how to contact MD with non-urgent questions					
Knows warning signs when emergency care needed					
Knows how to read thermometer					
Knows who to call in emergency					
Understands insurance, referral process, carries insurance card					
Has medical notebook, understands importance of record keeping					
Knows names and contact numbers of specialists					
Knows who primary care MD will be when turns 18					
Understands role as own health advocate					
Has contact numbers of appropriate community advocacy organization(s)					
Understands DME and how to contact vendors for repairs					

Patient Name: _____ **DOB:** ___ / ___ / ___

Years to Transition: _____