

## Section 4 - My Healthcare



Transitioning from childhood to adulthood is exciting. However, in health care transition, the process of moving from pediatric to an adult model of care is often the most challenging of all transition topics. The main difference between pediatric and adult health care is that you are the person communicating with the doctor about your health, not your parents. You are also the one making decisions about your health. Of course, you can ask your parents for help in making decisions, but it is you who make the final decisions.

By 16 you should be doing the following:

- Making doctor’s appointments, seeing the doctor alone, asking the doctor any question you have, and refilling medications.
- Asking the doctor to talk with you about your privacy rights when you turn 18.
- Working with your doctor to make a medical summary.
- Figuring out if you need help making health care decisions before you turn 18 and become a legal adult. If you do need help, you’ll need to decide who will support you.
- Talking to your parents/caregiver about the age you want to transfer to a new doctor for adult care. Some adult doctors will see patients at 16.
- Speaking to your pediatrician about recommendations if you can’t find a new adult doctor.

Health care is just one of the many changes that will occur for you as you grow up. Understanding your own health care needs and how to navigate health care will help to set you up for a successful transition into adulthood.

### Resources

Turning 18 – What it Means for Your Health by GotTransition.org

<https://www.gottransition.org/resource/?turning-18-english>

Planning to Move From Pediatric to Adult Care Differences by GotTransition.org

<https://www.gottransition.org/resource/?pediatric-vs-adult-care-differences>

Questions to Ask Your Doctor About Transitioning to Adult Health Care

<https://www.gottransition.org/resource/?hct-questions-ask-doctor-youth>

# Checklist

Independent Living Skills	I Can Do This	I Need to Practice	I'm Going To Start	I Will Always Need Support	This doesn't apply to me	Notes
<b>HEALTH CARE SKILLS at Home</b>						
<input type="checkbox"/> I know my doctor(s) name(s)						
<input type="checkbox"/> I have or can find my doctor's phone number						
<input type="checkbox"/> I am able to make my own doctor appointments						
<input type="checkbox"/> I am able to keep track of my doctor appointments						
<input type="checkbox"/> I am able to use glasses or contact lenses independently						
<input type="checkbox"/> I am able to use hearing devices independently						
<input type="checkbox"/> I know my food allergies						
<input type="checkbox"/> I can recognize and describe symptoms of colds, flu, and other common health problems						
<input type="checkbox"/> I am able to use commonly used first aid items						
<input type="checkbox"/> I am able to take my own temperature using a digital thermometer						
<input type="checkbox"/> I know what to do for a minor cut, burn or splinter						
<input type="checkbox"/> I can maintain my medical information including immunization records						
<input type="checkbox"/> I recognize and can make correct use of over-the-counter drugs for pain, upset stomach, diarrhea, fever, cold/allergy, etc						
<input type="checkbox"/> I can nurse myself through a cold or flu						

Independent Living Skills	I Can Do This	I Need to Practice	I'm Going To Start	I Will Always Need Support	This doesn't apply to me	Notes
<input type="checkbox"/> I know I can change doctors if I am not happy with my current doctor						
<b>HEALTH CARE SKILLS at Doctor</b>						
<input type="checkbox"/> I can check in at the front desk of a doctor's office						
<input type="checkbox"/> I can provide my doctor with a copy of my insurance and ID						
<input type="checkbox"/> I can communicate openly with my doctors and other medical providers						
<input type="checkbox"/> I can go into a doctor's examination room alone						
<input type="checkbox"/> I am able to explain to the doctor why I am there						
<input type="checkbox"/> I can talk to my doctor about birth control options						
<input type="checkbox"/> I can tell a new doctor all the prescription medication I take and why						
<input type="checkbox"/> I can tell a new doctor all the over-the-counter medication I take and why						
<input type="checkbox"/> I can tell a new doctor any food allergies I have						
<input type="checkbox"/> I can tell a new doctor any medicine allergies I have						
<b>HEALTH CARE SKILLS at Pharmacy</b>						
<input type="checkbox"/> I know the name of the pharmacy that fills my prescriptions						
<input type="checkbox"/> I know the phone number and location of my pharmacy						
<input type="checkbox"/> I know the names of the prescription medicines I take						

Independent Living Skills	I Can Do This	I Need to Practice	I'm Going To Start	I Will Always Need Support	This doesn't apply to me	Notes
<input type="checkbox"/> I know the names of the over-the-counter medicines I take						
<input type="checkbox"/> I am able to refill a prescription						
<input type="checkbox"/> I can read and understand medicine bottle directions						
<input type="checkbox"/> I can recognize my prescription medication						
<input type="checkbox"/> I recognize my over-the-counter medicine and vitamins						
<input type="checkbox"/> I know when to take my own medication						
<input type="checkbox"/> I know to never take other people's medication						
<input type="checkbox"/> I know my medicine allergies						
<input type="checkbox"/> I am able to open childproof containers						
<input type="checkbox"/> I know how to check to see if my medication is expired						
<input type="checkbox"/> I know how the correct way to dispose of old or expired medication						
<b>HEALTH CARE Knowledge</b>						
<input type="checkbox"/> I understand sex can lead to pregnancy						
<input type="checkbox"/> I understand the risks of pregnancy and sexually transmitted diseases						
<input type="checkbox"/> I understand the risk of drug and alcohol abuse						
<input type="checkbox"/> I understand preventative health measures like healthy eating, exercise, etc						

Independent Living Skills	I Can Do This	I Need to Practice	I'm Going To Start	I Will Always Need Support	This doesn't apply to me	Notes
<input type="checkbox"/> I understand the importance of medical insurance						
<input type="checkbox"/> I know that drugs, alcohol, and tobacco may be harmful to my health						
<input type="checkbox"/> I can identify the different parts of my body						
<input type="checkbox"/> I know where to go for emergency health care						
<input type="checkbox"/> I know when I need emergency health care						