

HME HGM HRV
 MCH MGH RVH
 HNM ITM CL
 MNH MCI LC



Préparation de la transition des parents: de 11 à 13 ans

Parent Transition Preparation : Ages 11 to 13 years

Projet Pilote

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Health Care Provider to complete with the parent/guardian

Current patient age years

Item	Yes	Partially	No	Action required	Initials	Date AAYY / MM / JD
1 Understands need for gradual shift in health responsibility from parent to adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2 Allows adolescent to participate during the visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3 Adds supplementary information after the adolescent speaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4 Understands developmental abilities and/or limitations of his/her adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5 Encourages their child to be as responsible as possible for their own health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6 Maintains an active role in the supervision and support of their adolescent's health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7 Can explain the importance of a healthy active lifestyle (exercise, nutrition, friends) for the adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8 Encourages adolescent's contribution to household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Initials	Name in print	Signature

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9 Can explain the importance of timely intervention for cognitive and/or behavioural issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10 Can explain the importance of school attendance and achievement for adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11 Encourages adolescent to participate in age appropriate social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12 Diagnosis specific items :						

Initials	Name in print	Signature