

<input checked="" type="checkbox"/> HME	<input type="checkbox"/> HGM	<input type="checkbox"/> HRV
<input type="checkbox"/> MCH	<input type="checkbox"/> MGH	<input type="checkbox"/> RVH
<input type="checkbox"/> HNM	<input type="checkbox"/> ITM	<input type="checkbox"/> CL
<input type="checkbox"/> MNH	<input type="checkbox"/> MCI	<input type="checkbox"/> LC



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

Adolescent Transition Preparation : Ages 11 to 13 years

Projet Pilote

Page 1 de/of 2

Health Care Provider to complete with the patient

Current patient age years

Item	Yes	Partially	No	Action required	Initials	Date AAYY / MM / JD
1 Health care visit						
a) Can explain his/her medical condition in simple terms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Takes part in telling their health team how they are feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c) Demonstrates basic understanding of treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2 Medications and other treatments						
a) Knows their names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Knows what they are for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c) Has method to remember when to take them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
d) Can explain risks of non-adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
e) Wears Medic-Alert tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Initials	Name in print	Signature

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

Adolescent Transition Preparation : Ages 11 to 13 years

Projet Pilote

Page 2 de/of 2

Health Care Provider to complete with the patient

Item	Yes	Partially	No	Action required	Initials	Date AAYY / MM / JD
3 Preparation for Independent living						
a) Can explain impact of health condition on school and daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Can explain areas of proficiency and/or difficulties in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c) Articulates his/her contribution to household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4 Lifestyle						
11 years						
a) Demonstrates understanding of a healthy active lifestyle (nutrition, exercise, youth groups etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13 years (Only if appropriate for adolescents current psychosocial development and cultural context)						
a) Understands importance of safe sex, birth control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Knows how to access contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c) Understands risks of drugs and alcohol for his/her health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5 Diagnosis specific items :						

Initials	Name in print	Signature