

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



Préparation de la transition des adolescents: de 14 à 16 ans

Adolescent Transition Preparation : Ages 14 to 16 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 succinctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Actively provides details of medical history	<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"/>			
d) Knows names and purpose of medical tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
e) Has a method to remember medical appointments	<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(s) to remember when to take/do them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
d) Keeps updated list in wallet, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
e) Can explain risks of non-adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
f) Wears Medic-Alert tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
g) Over the counter medications : i) knows which are OK and why ii) knows how to find reliable information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Initials	Name in print	Signature

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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 condition on school and daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Can describe 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"/>			
d) Can discuss options for part-time work or summer job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4 Lifestyle : Demonstrates understanding of						
a) Healthy active lifestyle (nutrition, exercise, friends)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Strategies for exercise and eating out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c) Importance of birth control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
d) How to access contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
e) Importance of safe sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
f) Impact of drugs and alcohol on his/her medical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5 Diagnosis specific items :						

Initials	Name in print	Signature