

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



## Préparation de la transition des parents: de 17 à 18 ans

Parent Transition Preparation : Ages 17 to 18 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 and acknowledges :						
a) Shift in health responsibility from parent to adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Imminent transfer to adult care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c) Developmental abilities and limitations of their adolescent relevant to their medical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2 Encourages their adolescent to take responsibility for the medical visit (history, treatment plan, etc)						
a) Provides supplementary information as needed after adolescent speaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3 Encourages adolescent to be responsible for taking and renewing medications: continues to support and to supervise as needed						
4 Can explain why a healthy active lifestyle (exercise, nutrition, friends) is important for their adolescent						

Initials	Name in print	Signature

# Préparation de la transition des parents: de 17 à 18 ans

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Health Care Provider to complete with the parent/guardian

Item	Yes	Partially	No	Action required	Initials	Date AAYY / MM / JD
5 Encourages adolescent's independence in every day activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6 Understands importance of adolescent's future plans regarding education and employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7 Assists adolescent in making necessary applications for disability pension, medication insurance*, health insurance, as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8 Encourages adolescent to participate in age appropriate social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9 Diagnosis specific items :						

Initials	Name in print	Signature