

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



Préparation de la transition des adolescents: de 17 à 18 ans

Adolescent Transition Preparation : Ages 17 to 18 years

Projet Pilote

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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 clearly explain his/her medical condition and current history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Prepares for visit in advance eg. Lists questions / concerns to be addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c) Demonstrates understanding of the 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) Keeps track of own medical appointments and tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
f) Able to make and change his/her own appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
g) Knows how to seek emergency help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
h) Recognizes symptoms that require medical attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
i) Understands the short, intermediate and long-term implications of his/her illness in terms of :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
i) Potential complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ii) Strategies to reduce or control complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
iii) Heredity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
iv) Sexuality, fertility and pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
j) Maintains and carries an up to date "Passport for Health Care"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Initials	Name in print	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Health Care Provider to complete with the patient

Item	Yes	Partially	No	Action required	Initials	Date AAYY / MM / JD
2 Medications and other treatments						
a) Understands his/her indications, major side effects and potential interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Fills / refills own prescriptions and/or medical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c) Understands the risks of non-adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
i) Can name some times where its harder to take medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ii) Can describe his/her own strategies to overcome these barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
d) Wears Medic-Alert tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
e) Over the counter medications : knows which are acceptable, when to take them and how to find reliable information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3 Lifestyle and daily life						
a) Understands how to have a healthy active lifestyle (eg exercise, nutrition, friends)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Can discuss his own strategies for exercise and eating out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c) Can describe importance of safe sex, birth control and how to access contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
d) Can describe the impact of drugs and alcohol on his/her medical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Initials	Name in print	Signature

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4 Preparation for Independent living						
a) Demonstrates ability to perform every day activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b) Identifies need (if relevant) for special arrangements / considerations at school or work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c) Understands legal rights for people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
d) Has concrete plans for continuing education and/or employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
e) Has taken steps to secure income/disability pension if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
f) Is able to describe his/her insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5 Diagnosis specific items :						

Initials	Name in print	Signature