

AMO _____

MRN _____

Ward _____

NAME _____

Date of Completion _____

DOB _____ SEX _____

(PLEASE AFFIX PATIENT LABEL IN THIS BOX)

SELF MANAGEMENT CHECKLIST (14-16YRS)

Eventually it will be time to move from The Children’s Hospital at Westmead to an Adult Health Care Service. To help you do this, we need to make sure you have the information and skills to make this transition as easy as possible.

Place a ✓ in the box that applies to you, so we can help you plan for this move.

Transition Skills	Need Help? I would like advice with this	Got it! I feel confident doing this	Action Plan	Date/Sign
I can describe my condition/illness				
I understand if my condition/ illness is inherited or not				
I am aware how it may affect my general health				
I know the names of my medications				
I know how the medications work				
I know the side effects of my medications				
I know what to do if I get sick				
I know who to contact in a medical emergency				
I feel comfortable asking my Doctor questions				
I feel ready to see the Doctor and other team members on my own for some of the appt.				
I know when and how to make appointments				
I know I will still need to see a Doctor when I’m an adult				

Please let us know if there is anything else you would like help or advice about.

This form should be completed annually and then given back to your Dr or Clinic Nurse.

THE CHILDREN'S HOSPITAL AT WESTMEAD

SELF MANAGEMENT CHECKLIST (14-16YRS)

M78A

