

AMO _____

MRN _____

Ward _____

NAME _____

Date of Completion _____

DOB _____ SEX _____

(PLEASE AFFIX PATIENT LABEL IN THIS BOX)

SELF MANAGEMENT CHECKLIST (16-18YRS)

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 feel confident that I understand my condition/illness				
I understand if my condition/ illness is inherited or not				
If inherited, I understand that Genetic Counsellors can guide & advise me.				
If not inherited I understand the need for ongoing medical care				
I know the names of my medications and how work.				
I understand 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 confident managing my condition away from home (holidays/ school excursions/travel)				
I understand the risks of alcohol, drugs & smoking on my condition				
I feel confident seeing the Doctor on my own and asking questions				
I understand my rights to privacy & my role in decision making.				
I know about resources that offer support for young people like me				
I have information about Adult Hospital Health Services				
I know when & how to make appointments & what to do if I can't keep them.				
I have my own GP & a copy of my health care record				
I have a management plan & feel ready to move on				

Please list anything else you would like help or advice about.

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

