

**OU GENETICS**  
**TRANSITION READINESS ASSESSMENT**  
 {parents}

	<b>Yes</b> my child does this	I want my child to do this	<b>No</b> my child is not able to do his, <b>why?</b>	My child needs to learn this	Someone else will have to do this – <b>Who and Why?</b>
I know my diagnosis					
I can explain my diagnosis and health care needs to others					
I carry information about my diagnosis to share with other doctors					
I know when I need to seek urgent medical attention related to my diagnosis					
I know what to do if I have a medical emergency related to my diagnosis					
I carry important health care information with me daily (such as your insurance card, emergency, doctor, and pharmacy phone numbers, medications, allergies, diagnosis, and medical summary)					
I know what medications I take					
I know when my prescriptions need refilled and how to refill them					
I call to make my own appointments and cancel appointments					
Before my appointments, I prepare a list of questions or concerns that I want to ask the doctor					
I know I have the option to see the doctor by myself					
I collect and organize medical records from my doctors visits					
I pay the co-payments for my medical visit					
I co-sign the privacy and consent forms					
My family and I have a plan so I can keep my healthcare insurance after I turn 18					
I know the doctor (PCP) I plan to visit when I turn 18 for adult care					
I know the doctors I plan to use for specialty care (cardiologist, neurologists, ENT, etc.) as an adult					

*Please turn over for more questions and/or for extra room to fill in more detailed answers.*

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Feedback/Comments:

Questions:

*If you answered, “No” or “Someone else will have to do this” – please explain why.*

Current barriers to transitioning to adult care for you and your child, or in general?

Ways in which your child’s specialist (specifically, Genetics) might help this process?

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{youth}

	<b>Yes</b> I do this	I want to do this / I would like support with this	<b>No</b> I'm not able to do this, <b>Why?</b>	I need to learn	Someone else will have to do this – <b>Who and Why?</b>	I don't know
1. I know my diagnosis						
2. I can explain my diagnosis and health care needs to others						
3. I carry information about my diagnosis to share with other doctors						
4. I know when I need to seek urgent medical attention related to my diagnosis						
5. I know what to do if I have a medical emergency related to my diagnosis						
6. I carry important health care information with me daily (such as your insurance card, emergency phone numbers, medications, allergies, diagnosis, and medical summary)						
7. I know what medications I take						
8. I know when my prescriptions need refilled and how to refill them						
9. I call to make my own appointments and cancel appointments						
10. Before my appointments, I prepare a list of questions/concerns I want to ask the doctor						
11. I know I have the option to see the doctor by myself						
12. I collect and organize medical records from my doctor's visits						
13. I pay co-payments for my medical visits						
15. I co-sign the privacy and consent forms						
16. My family and I have a plan so I can keep my healthcare insurance after I turn 18						
17. I know the doctor (PCP) I plan to visit when I turn 18 for adult care						
18. I know the doctors I plan to use for speciality care (cardiologist, neurologists, ENT, etc.) as an adult						

*Please turn over for more questions and/or for extra room to fill in more detailed answers.*

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{youth}

Feedback/Comments:

Additional Questions:

*Of the questions on the front page, which one do you think you are doing BEST?*

*Of those questions, is there something you think you will never do?*

*Which of those questions would you like to do but just don't know how to do it?*

*Of those questions, is there something keeping you from being able to do them?*

How can we help out?