

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

	Yes my child does this	I want my child to do this	No my child is not able to do his, why?	My child needs to learn this	Someone else will have to do this – Who and Why?
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}

	Yes I do this	I want to do this / I would like support with this	No I'm not able to do this, Why?	I need to learn	Someone else will have to do this – Who and Why?	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						

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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?