

Getting Ready For Adult Care

No-one goes through life entirely without help!



Adult care, in your home community or in a big city centre, is different than the care you received at the Pediatrician's office or at a Children's Hospital / Clinic. It is not only a different location, but the expectations the new team has of you are also different. You are not a kid anymore and they will have certain expectations of you. Are you ready?

EXERCISE: Answer these questions honestly. It is important to know what you can do on your own and ask for help when you need it.

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|--|------------------------------|-----------------------------|
| I can arrange transportation and get to my health care appointments | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can arrive on time to scheduled appointments | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can answer questions about my health condition, treatments and medications | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can provide information about my health history | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am willing to meet with health care providers on my own | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am willing to answer questions honestly about my lifestyle and how that effects my health | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am able to ask questions and seek information about my health conditions and treatment options | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am ready to take responsibility for myself and my actions that effect my health | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I feel able to give informed consent for treatments and procedures | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am able to record and manage information that helps me plan and care for my health care needs | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Who is the health care advocate who will be with me if needed? | _____ | |

