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Transitions - Changing Role for Youth

Health & Wellness 101 The Basics	Yes I do this	I want to do this	I need to learn how	Someone else will have to do this - Who?
1. I understand my health care needs, and disability and can explain my needs to others.				
2. I can explain to others how our family's customs and beliefs might affect health care decisions and medical treatments.				
3. I carry my health insurance card everyday				
4. I know my health and wellness baseline (pulse, respiration rate, elimination habits)				
5. I track my own appointments and prescription refills expiration dates				
5. I call for my own doctor appointments				
7. Before a doctor's appointment I prepare written questions to ask.				
8. I know I have an option see my doctor by myself.				
9. I call in my own prescriptions				
10. I carry my important health information with me everyday (i.e.: medical summary, including medical diagnosis, list of medications, allergy info. doctor's numbers, drug store number, etc.)				
11. I have a part in filing my medical records and receipts at home				
12. I pay my co-pays for medical visits				
13. I co-sign the "permission for medical treatment" form (with or without signature stamp, or can direct others to do so)				
14. I know my symptoms that need quick medical attention.				
15. I know what to do in case I have a medical emergency				
16. I help monitor my medical equipment so it's in good working condition (daily and routine maintenance)				
17. My family and I have a plan so I can keep my healthcare insurance after I turn 18.				



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Transitions - Changing Role for Families

Health & Wellness 101 The Basics	Yes my child/ youth can do this	I want my child/ youth to do this	I need to learn how to teach my child/ youth	Someone else will have to do this for my child/youth Who?
1. My child/youth understands his/her health care needs, and disability and can explain needs to others.				
2. My child/youth can explain to others how our family's customs and beliefs might affect health care decisions and medical treatments.				
3. My child/youth carries his/her health insurance card with him/her				
4. My child/youth knows his/her health and wellness baseline (pulse, respiration rate, elimination habits)				
5. My child/youth tracks appointments and prescription refills expiration dates				
6. My child/youth call to make his/her own doctor appointments				
7. Before a doctor's appointment my child/youth prepares written questions to ask.				
8. My child/youth is prepared to see the Doctor by him/her self.				
9. My child/youth orders his/her own prescriptions				
10. My child/youth carries his/her important health information everyday (i.e.: medical summary, including medical diagnosis, list of medications, allergy info., doctor's / drug store numbers, etc.)				
11. My child/youth helps file medical records and receipts at home				
12. My child/youth pays co-pays for his/her medical visits				
13. My child/youth co-signs the "permission for medical treatment form" (with or without signature stamp, or can direct others to do so)				
14. My child/youth knows his/her symptoms that need quick medical attention.				
15. My child/youth knows what to do if they have a medical emergency				
16. My child/youth knows how to monitor medical equipment so it's in good working condition (daily and routine maintenance)				
17. My child/youth and I have discussed a plan to be able to continue healthcare insurance after they turn 18.				