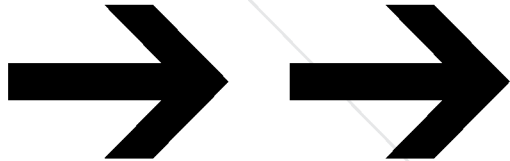


FYI TRANSITION

HealthCare

Put an X in the box next to the things you know how to do.

Checklist for Young Adults in Transition



Name:

Date:

- | | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | TAKE ALL MY MEDICATIONS WHEN I NEED TO | <input type="checkbox"/> | READ TO LEARN MORE ABOUT MY CONDITION |
| <input type="checkbox"/> | ORDER MY MEDICATIONS WHEN I NEED MORE | <input type="checkbox"/> | LOOK THINGS UP ON THE INTERNET ABOUT MY CONDITION |
| <input type="checkbox"/> | SCHEDULE APPOINTMENTS WITH MY DOCTORS | <input type="checkbox"/> | DO HEALTH INSURANCE PAPERWORK |
| <input type="checkbox"/> | GO TO MY MEDICAL APPOINTMENTS | <input type="checkbox"/> | PAY HEALTH CARE BILLS |
| <input type="checkbox"/> | TELL THE DOCTORS ABOUT HOW I AM FEELING | <input type="checkbox"/> | KNOW WHAT TO DO IN AN EMERGENCY |
| <input type="checkbox"/> | ANSWER ALL QUESTIONS THAT DOCTORS ASK | <input type="checkbox"/> | EXERCISE TO STAY FIT |
| <input type="checkbox"/> | ASK DOCTORS QUESTIONS ABOUT MY CONDITION | <input type="checkbox"/> | EAT HEALTHY FOODS |
| <input type="checkbox"/> | TAKE NOTES ABOUT WHAT THE DOCTORS SAY | <input type="checkbox"/> | KEEP A NOTEBOOK ABOUT MY CONDITION AND HEALTH CARE (MY DIAGNOSIS, MEDICATIONS, NAME AND PHONE NUMBER OF MY DOCTORS) |
| <input type="checkbox"/> | REMEMBER WHAT THE DOCTORS SAY TO DO | | |

● How many did you check?

● If you cannot already do all of these things now, you will need to learn!

NOTES: