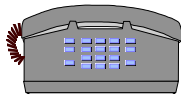


## HEALTH CARE SCREENING: ADOLESCENTS AND YOUNG ADULTS

Name:	Date of Birth:
Address:	Today's date:
Phone number:	Other phone number to reach you:

Please fill the box that tells your answer.

These questions will show what needs to be in your transition plan so you can take care of your own health.

HEALTH CARE QUESTIONS	YES	NO
1. Do you have a medical or insurance card?		
2. Do you usually go to your regular doctor or clinic when you are sick?		
3. Do you usually go to the emergency room when you are sick?		
4. Do you need help to make your appointments when you are sick?  <div style="text-align: center;"></div>		
5. Do you have any long-term health problems? Like problems with breathing, heart, seizures?		
6. Do you take medicine for them?		
7. Do you have a disability, like a problem with learning, seeing, hearing, reading, walking, behavior problems?		
8. Do you have any special equipment, like a hearing aid or wheel chair?		
9. Do you have trouble sleeping? Going to sleep, staying asleep, waking up?		
10. Do you get a check from Social Security (SSI)? Or do your parents get a check for you?		
11. Do you have a lot of stress?		

## Health Care Screening: Guidelines for Transition Plan

1. Medical or Insurance Card: "No": may need to apply for Medicaid.
2. Regular Doctor: "No": may need assistance locating a Primary Care Physician: issues of disability expertise, insurance type, transportation. "Yes": may need information to transfer from Pediatric to Adult providers.
3. Emergency room: "Yes": may need primary care provider; may need education to schedule appointment with doctor.
4. Help to make appointments: "Yes": may need training to make appointments.
5. Long term health problems: "Yes": may need information about the condition, management of treatment, recognition of symptoms. "No": may need information about the condition.
6. Medicine: may need training to manage medication, information about side effects, resource for RX.
7. Disability: "yes": may need information about disability, impact on own functioning and accommodations needed for work. "No": may need information about IEP, disability, and Multi-factored evaluation.
8. Equipment: "Yes": may need information about supplier, funding, training. "No": if lacks needed equipment: may need assessment, information for funding and supplier; training.
9. Sleeping: "Yes": may indicate need for mental health resources (help with depression or anxiety) or training in conflict management ( personal or family conflict).
10. Check:" Yes": may have been eligible as child and needs to reapply as adult at age 18; "No": may need assistance applying for SSI or SSDI.
11. Stress: may need training in stress management, involvement in fitness resources.