How prepared am I to move to adult services?

**This checklist may help you as you prepare to move to adult health services.**

**You can also use this checklist to talk with your old and new**

**teams about how you’re getting on with preparing to move to adult services.**

**Your healthcare team might have their own version of this checklist.**

KNOWLEDGE



|  |  |  |  |
| --- | --- | --- | --- |
| **Select how well you understand the following things:** | **Not well** | **Sort of**  | **Very well** |
| I know what the plan is for moving from paediatric to adult care |  |  |  |
| I can describe how this illness affects me. |  |  |  |
| I understand the medical language used by treating professionals and feel comfortable asking them to explain anything I don’t. |  |  |  |
| I can talk about how well or unwell I’m feeling, and explain changes in my symptoms. |  |  |  |
| I know when to take my medications, how many to take, what they’re called and what side effects they have. |  |  |  |
| I know what therapy I need to do and how often I need to do it. |  |  |  |
| I know what and how much I need to eat to help manage my condition. |  |  |  |
| I know what exercise I need to do to help manage my condition. |  |  |  |
| I understand how my condition might affect my fertility. |  |  |  |
| I know about the resources for young people that are available to help me. |  |  |  |
| I understand my right to confidentiality. |  |  |  |

|  |
| --- |
| **Once you’ve met, give them a tick...** ✓ |
| Consultant  |  |
| Nurse |  |
| Dietitian |  |
| Physiotherapist |  |
| Psychologist |  |
| Social worker |  |
| Youth worker |  |
| I know who’s who in my adult team and whoto go to for support with different things |  |
| I’ve visited my new hospital/ clinic |  |

MEETING

 THE TEAM(S)

Like your paediatric/children’s services team, your adult team will have lots of different roles in it. It may be helpful to make a list of the people working in the adult service.

BECOMING INDEPENDENT

|  |  |  |  |
| --- | --- | --- | --- |
| **Select how confident you are at doing the following things:** | **Not sure** | **Getting there** | **Very sure** |
| Attending appointments alone or choosing who I want to attend with me. |  |  |  |
| Asking and answering questions in clinic. |  |  |  |
| Booking or rescheduling appointments. |  |  |  |
| Ordering and collecting repeat prescriptions. |  |  |  |
| Calling the clinic if I have a question about my condition, medication or treatment. |  |  |  |
| Travelling to my appointments alone. |  |  |  |
| Making decisions about my health and care with my treating team. |  |  |  |
| Planning ahead to manage my condition away from home or when travelling. e.g., I know how to store medicines and make sure I have enough. |  |  |  |

Here are some ways that you might start to become more independent as you prepare to move to adult care.