Build Your Bridge: Moving from Child to Adult Health Care

Parent Workbook
More help is available.

This workbook will help you start thinking about your child’s movement from child to adult health care, and applies to all children who will turn 18. The tools provided will help you plan for your child’s health care transition. The information is important to consider even if they are not switching providers or clinics. Some of the rules for transfer are different from state to state, especially if you have Medicaid.

Write the name of the group that gave you this workbook in the lines below, so you can contact them in the future for answers to specific questions you may have about your child’s health care transition.

To view this guide online, check for updates, or learn more about the initiative, visit www.HealthTransitionWI.org.

To order copies of the workbook call 608.263.1656 or email the team at healthtransitionwi@waisman.wisc.edu.
Build Your Bridge: Moving from Child to Adult Health Care

Parent Workbook

Developed by:
Youth Health Transition Initiative Hub
Curriculum Development Team:
Anne Bradford Harris, Becky Burns, Lynn Hrabik,
Tim Markle, Meg Steimle, Maia Stitt

A Project of Wisconsin Health Transition Initiative and the Wisconsin Department of Health Services,
Division of Public Health Bureau of Community Health Promotion, Family Health Section, Children and Youth with Special Health Care Needs Program.

Funding in part by the Maternal and Child Health Title V Services Block Grant, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

December 2017
The Wisconsin Youth Health Transition Initiative (YHTI) promotes evidenced-based activities to advance health care practices, and support adolescents and their families related to the transition from pediatric to adult health care systems. YHTI encourages Wisconsin’s youth, with and without special health care needs, to make individual choices to enhance their health and well-being.

YHTI provides innovative health care transition tools, resources, and policies to support all adolescents as they move to adult health care.

YHTI works in collaboration with Wisconsin’s Children and Youth with Special Health Care Needs (CYSHCN) Regional Centers. Regional Center contact information is at the end of this workbook.

For more information visit our website at HealthTransitionWI.org.

**Build Your Bridge: Moving from Child to Adult Health Care** is a presentation to help guide families through the transition from child centered to adult health care systems.

This workbook will provide different tools your family can use to assist your child in taking a more active role in their health care and planning for a successful transition.

The learning objectives for the presentation are listed below:

- Define youth health care transition; what it is and why it is important.
- Identify activities in daily life where transition occurs.
- Apply tools and resources to take an active role in the health care transition process.
- Start a health transition action plan.
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readiness Assessment from Got Transition</td>
<td>1</td>
</tr>
<tr>
<td>Tools for Health Care Transition Planning</td>
<td></td>
</tr>
<tr>
<td>Adult Provider(s)</td>
<td>3</td>
</tr>
<tr>
<td>Decisions</td>
<td>5</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>9</td>
</tr>
<tr>
<td>Emergency Contacts</td>
<td>11</td>
</tr>
<tr>
<td>Appointments</td>
<td>13</td>
</tr>
<tr>
<td>Medications</td>
<td>15</td>
</tr>
<tr>
<td>Health Summary</td>
<td>17</td>
</tr>
<tr>
<td>About Me</td>
<td>20</td>
</tr>
<tr>
<td>Bonus Material</td>
<td>21</td>
</tr>
<tr>
<td>Transition Action Plan</td>
<td>23</td>
</tr>
<tr>
<td>CYSHCN Regional Centers</td>
<td>26</td>
</tr>
</tbody>
</table>
Sample Transition Readiness Assessment
for Parents/Caregivers
Six Core Elements of Health Care Transition 2.0

Please fill out this form to help us see what your child already knows about his or her health and the areas that you think he/she needs to learn more about. After you complete the form, compare your answers with the form your child has complete. Your answers may be different. We will help you work on some steps to increase your child’s health care skills.

Date: ____________________________  Date of Birth: ____________________________

### Transition Importance and Confidence

**On a scale of 0 to 10, please circle the number that best describes how you feel right now.**

<table>
<thead>
<tr>
<th>How important is it for your child to prepare for/change to an adult doctor before age 22?</th>
<th>0 (not)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 (very)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How confident do you feel about your child’s ability to prepare for/change to an adult doctor?</td>
<td>0 (not)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10 (very)</td>
</tr>
</tbody>
</table>

### My Health

**Please check the box that applies to your child right now.**

<table>
<thead>
<tr>
<th>My child knows his/her medical needs.</th>
<th>Yes, he/she knows this</th>
<th>He/she needs to learn</th>
<th>Someone needs to do this… Who?</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child can explain his/her medical needs to others.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child knows his/her symptoms including ones that he/she quickly needs to see a doctor for.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child knows what to do in case he/she has a medical emergency.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child knows his/her own medicines, what they are for, and when he/she needs to take them.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child knows his/her allergies to medicines and medicines he/she should not take.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child carries important health information with him/her every day (e.g. insurance card, allergies, medications, emergency contact information, medical summary).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child knows he/she can see a doctor alone as I wait in the waiting room.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child understands how health care privacy changes at age 18.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child can explain to others how his/her customs and beliefs affect health care decisions and medical treatment.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Using Health Care

| My child knows or can find his/her doctor’s phone number. | | | |
| My child makes his/her own doctor appointments. | | | |
| Before a visit, my child thinks about questions to ask. | | | |
| My child has a way to get to his/her doctor’s office. | | | |
| My child knows to show up 15 minutes before the visit to check in. | | | |
| My child knows where to go to get medical care when the doctor’s office is closed. | | | |
| My child has a file at home for his/her medical information. | | | |
| My child has a copy of his/her current plan of care. | | | |
| My child knows how to fill out medical forms. | | | |
| My child knows how to get referrals to other providers. | | | |
| My child knows where his/her pharmacy is and how to refill his/her medicines. | | | |
| My child knows where to get blood work or x-rays if his/her doctor orders them. | | | |
| My child has a plan to keep his/her health insurance after ages 18 or older. | | | |
| My child and I have discussed his/her ability to make his/her own health care decisions at age 18. | | | |
| My child and I have discussed a plan for supported decision-making, if needed. | | | |
Sample Transition Readiness Assessment for Youth
Six Core Elements of Health Care Transition 2.0

Please fill out this form to help us see what you already know about your health and how to use health care and the areas that you need to learn more about. If you need help completing this form, please ask your parent/caregiver.

Date: ____________________

Name: ____________________ Date of Birth: ____________________

Transition Importance and Confidence

On a scale of 0 to 10, please circle the number that best describes how you feel right now.

<table>
<thead>
<tr>
<th>How important is it to you to prepare for/change to an adult doctor before age 22?</th>
<th>0 (not)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 (very)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How confident do you feel about your ability to prepare for/change to an adult doctor?</th>
<th>0 (not)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 (very)</th>
</tr>
</thead>
</table>

My Health

Please check the box that applies to you right now.

<table>
<thead>
<tr>
<th>I know my medical needs.</th>
<th>Yes, I know this</th>
<th>I need to learn</th>
<th>Someone needs to do this… Who?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can explain my medical needs to others.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know my symptoms including ones that I quickly need to see a doctor for.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know what to do in case I have a medical emergency.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know my own medicines, what they are for, and when I need to take them.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know my allergies to medicines and medicines I should not take.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I carry important health information with me every day (e.g. insurance card, allergies, medications, emergency contact information, medical summary).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand how health care privacy changes at age 18 when legally an adult.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can explain to others how my customs and beliefs affect my health care decisions and medical treatment.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Using Health Care

| I know or I can find my doctor’s phone number. | | | |
| I make my own doctor appointments. | | | |
| Before a visit, I think about questions to ask. | | | |
| I have a way to get to my doctor’s office. | | | |
| I know to show up 15 minutes before the visit to check in. | | | |
| I know where to go to get medical care when the doctor’s office is closed. | | | |
| I have a file at home for my medical information. | | | |
| I have a copy of my current plan of care. | | | |
| I know how to fill out medical forms. | | | |
| I know how to get referrals to other providers. | | | |
| I know where my pharmacy is and how to refill my medicines. | | | |
| I know where to get blood work or x-rays if my doctor orders them. | | | |
| I have a plan so I can keep my health insurance after 18 or older. | | | |
| My family and I have discussed my ability to make my own health care decisions at age 18. | | | |

© Got Transition™/Center for Health Care Transition Improvement, 01/2014 • Got Transition™ is a program of The National Alliance to Advance Adolescent Health supported by U39MC25729 HRSA/MCHB • www.GotTransition.org
Health care transition involves much more than finding a primary doctor.

For some youth, whose primary care provider is in family medicine, you may think the transition does not occur since they will not need to change providers. Keep in mind that transition involves much more than finding a new primary doctor.

When choosing a new provider, you can ask friends or your doctor for suggestions. In addition to your child’s primary provider, many specialists only work with children or adults. There may be specialists currently on your child’s medical team that also need to be considered in a transfer of care.

There are also pediatric dentists that will require a change to another provider. For some, this can be a big change and it may take multiple visits before your child feels comfortable.

Keep in mind that building a relationship with a new provider is going to take time.

What if my child’s doctor says we can stay with them?

That may be okay for regular visits, but if your child requires surgery, has an emergency, or needs to be admitted to the hospital, you may not be able to see your regular doctor. When a child turns 18 years old, they will be treated as an adult. If you plan to stay with your child’s doctor talk about how you will plan for these unexpected situations.
**ADULT PROVIDER(s)**

Next steps: Identify an adult provider who will care for your child.

Who will I talk with to identify a new doctor, dentist or specialist?
- Ask current medical provider for recommendations.
- Check with family and friends.
- Search online, and read the reviews posted by others.
- See if the clinic or health system supports people with similar conditions.
- Ask adults who have a similar condition.
- Call your health insurance company or look through your health plan coverage booklet.

Who are my child’s current providers:

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Do they see adult patients?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Create a list of possible future providers and contact information.

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Contact information</th>
<th>Are they covered by your insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reminder: Talk with my doctor about a transition plan.

**Bonus Material:**
Check out the ‘Bonus Material’ page for more information on this topic.
Healthy Living

Health living starts with healthy behaviors, so it is important to talk to your child about making healthy choices. Here are some key elements to consider talking with your child to encourage a healthy lifestyle:

**Diet:** Eat smart by avoiding unhealthy foods, be sure to include vegetables and fruits.

**Physical Health:** Be active, exercise, and get a good night’s sleep (8 hours/night).

**Mental Health:** Manage stress by doing some form of stress release everyday.

**Hygiene:** Brush teeth for two minutes twice a day and practice good skin care and proper washing.

**Sexual Health:** Make sex a choice between two consenting individuals, and always carry a condom.

**Safe Behaviors:**
- Hearing – protect your ears from noise louder than a lawn mower.
- Helmets – wear them when biking, rollerblading, skiing, etc.
- Internet Safety – know that what you post is saved forever.

**Alcohol use:** The best advice, don’t drink. If you drink, eat first and don’t let anyone else pour or top off your drink.

**Avoid Toxins:** Cigarettes, vapors, huffing, alcohol are all forms of toxins that are harmful.

**Driving:** Keep your phone and other devices out of your hands and wear your seat belt.

**Interests:** Have a passion and do it as often as you can.

Making simple decisions gives children the confidence to make bigger decisions.

Five steps to help your child make good decisions:
1. Explore the Details
2. Evaluate the Consequences
3. Trust Your Judgment
4. Make the Best Decision
5. Recognize You Can Change Course

—Gary and Joy Lundberg
DECISIONS

Privacy and Health Information

As your child gets older their rights to privacy change.

In Wisconsin, parents’ access to medical information for children ages 12 to 17 is limited. Although they are still considered children, and referred to as minors, they have the right to consent to certain health care services without their parents’ knowledge or consent.

Clinics and health care systems will start to recognize your child’s growing independence, and when you take your child to the doctor your child might be required to sign a HIPAA authorization in order for you to continue to have access to their medical information. Some clinics may also remove your access to view your child’s health information online. Different forms allow access to different things relating to your child’s health and transition ages.

Take time to read these forms, and ask your clinic if you have questions about the differences between these forms, and what they mean when it comes to viewing, accessing, and making decisions for your child.

3 Things You Can Do Right Now

1. Develop a good relationship with your providers.
2. Know your child’s legal rights and the ages when they change.
3. Encourage your child to take responsibility for health care decisions.

Confused? Don’t worry you’re not alone.

Our partners at Wisconsin PATCH can help!

Providers And Teens Communicating for Health (PATCH) has resources for teens, parents, and providers about a variety of health topics, from mental health to confidentiality and much more!

wipatch.org
Definitions

**HIPAA authorization (Release of Information):** The Health Insurance Portability Act of 1996 (HIPAA) authorization is like a permission slip. It permits healthcare providers to disclose health information to anyone your child specifies. It sets boundaries on the use and release of health records to protect privacy and is essential to keeping trust between a doctor and the patient. Signing this agreement does not allow you to make medical decisions for your child.

Note: Privacy permissions can be revoked verbally by the patient at any time.

**Medical power of attorney (MPOA):** In signing a MPOA, you child will appoint an “agent” to make medical decisions on their behalf in case they are incapacitated and cannot make such decisions for themselves. Each state has different laws governing MPOAs, and different legal forms. A MPOA is a legal document that is highly recommended for every adult.

**Durable power of attorney (DPOA):** As an additional step, young-adult children might consider appointing a durable power of attorney, enabling a parent or other designated agent to take care of financial business on the person’s behalf.

Note: MPOA and DPOA do not go into effect unless and until the person is incapacitated and unable to make those decisions.

Additional questions to consider...

• What decisions are you currently making for your child that you could allow them to make for themselves?
• How can you make decisions more accessible to your child (offering options to choose from, using pictures)?
• What support will my child need to make legal decisions?
DECISIONS

Definitions

Guardianship: a person or agency chosen or appointed by a court to make legal decisions for another person who is unable to make those decisions on their own. Guardianship can be applied for at 17 years and 9 months.

Self-Advocate: a person who actively promotes their wants and needs that leads to achieving a goal.

Supported Decision Making: a process used to have friends, family members and professionals help a person understand situations and choices they face, so they may make their own decisions.

For more information about supported decision making visit Family Voices of Wisconsin at: familyvoicesofwisconsin.com

For questions about guardianship or alternatives to guardianship visit the Wisconsin Board for People with Developmental Disabilities (WBPDD) at: wi-bpdd.org

Bonus Material:
Check out the ‘Bonus Material’ page for more information on this topic.
Health insurance can be complicated, but there are important things about health insurance your child needs to know as they get older.

**How do they get health insurance?**

As a parent you can help your child consider their particular options as they reach the age of 18. Some may continue on their parents’ plan, while others may need to apply for Medicaid through BadgerCare Plus or Supplemental Security Income (SSI) eligibility. Still others may get coverage through a job.

**Practice time:** Your child can practice giving their insurance card to the receptionist when checking in.

**Definitions**

**Co-pay:** a fixed amount you pay when you get a health services that is NOT preventive.

**Co-Insurance:** A percentage of the cost of health services that is paid by the patient.

**Deductible:** An amount of money that needs to be paid out of pocket each year for health services that are NOT preventive before your health insurance kicks in.

**Premium:** The cost paid up-front for health insurance. This is typically a monthly fee that is paid by an individual in order to be covered by health insurance.

**Preventative:** Services that are typically covered in full under health insurance such as shots and screening tests like blood pressure or cholesterol screenings.

*Note: These services are only covered when delivered by a doctor in your health care plan’s network.*
Health Insurance

Should my child carry an insurance card?

Yes, children should carry their own insurance cards and know how to contact member services. This is often found on on the back of the card.

Additional questions to consider ...

Is my coverage through private insurance or public benefits?

*Note about public benefits: As a child reaches their 18th birthday, they will need to reapply for public assistance. The eligibility requirements change from what is considered for children versus adults.*

What does it cover? What does it cost?

What services are included?

Which doctors can I see? Which clinics or hospitals can I use?

What type of health insurance is best for my young adult child?

*Note: Your child may qualify for more than one health insurance and you will also need to think about coverage for other services such as dental and vision.*

Will my child’s insurance change at 18?

Are public benefits appropriate for my young adult child?

Bonus Material:

Check out the ‘Bonus Material’ page for more information on this topic.
EMERGENCY CONTACTS

Entering Emergency Contact Information in Your Phone

iPhone:
1. Open Health and tap Medical ID > Edit.
2. Enter your emergency contacts and other health information like your birth date, height, and blood type. Only what you are comfortable having others see!
3. Turn on Show When Locked to make your Medical ID available from the Lock screen.
4. When you’re finished, tap Done.

Android:
1. Open Health and tap Medical ID > Edit.
2. Enter your emergency contacts and other health information like your birth date, height, and blood type. Only what you are comfortable having others see!
3. Turn on Show When Locked to make your Medical ID available from the Lock screen.
4. When you’re finished, tap Done.

Practice Time: Who you gonna call?

Examples:
• Wake up with an upset stomach?
• Lunch with friends and now have a rash?
• A little dizzy after standing up quickly?
• Fainting and falling down?
• Big cut that won’t stop bleeding?
• Temperature of 104°F?
**EMERGENCY CONTACTS**

Questions to consider for your child’s action plan:

- Who will be your child’s emergency contact(s)?
- How will s/he share this information with others?

How will my child know who they can call in emergency?

- A list in their backpack?
- Emergency alert bracelet?
- In their phone?

**Important Names & Numbers**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Name</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

It’s best to have your child visit a new doctor before they are sick. Your child should begin to learn how to make appointments to see a new or existing doctors on their own. This is a skill you can practice with your child.

Avoid surprises. When you call for an appointment, check that they take your health insurance.

**Practice time: Use the script below to practice with your child.**

Hello, my name is Mabel and I would like to schedule a visit with Dr. Webster. I have XYZ Insurance.

*If you typically see this doctor or you are sure they accept your insurance you may not need to tell them your insurance.*

Okay, we accept that insurance. What is your full name and birthdate?

Mabel Table, June 15, 2001.

Dr. Webster’s next appointment is in two weeks, on Monday at 2 pm.

I have school until 3 pm, is there anything later?

Yes, our latest appointment is 4 pm, and that would also be in two weeks but on a Wednesday.

Yes, that will work for me.

Would you like us to send you a reminder card in the mail?

No, thank you. I will put the appointment on my phone calendar.
What I can do to help my child be independent at appointments?

Things for you and your child to discuss before they call to schedule an appointment.

- Does this doctor take our insurance?
- What number do I call to make an appointment?
- What type of appointment is needed?
- When are you available?
- How to get to the appointment?
- How to remember to go?

Things to discuss with your child?

- Does your health care system allow appointment to be made online?
- Discuss if and how they would schedule a same day appointment.
- A same day appointment might mean they see someone other than their typical doctor.
- If they need another appointment, discuss how they schedule it.

Things to encourage your child to do at the appointment:

- Prepare for the appointments by creating a list of questions.
- Check in for the appointment.
- Try completing paperwork by themselves, or complete it together.
- Have your child sit next to the doctor.
- Encourage time alone with the doctor.
- Take notes during the appointment, and review with your child after the visit.
MEDICATIONS

The pharmacist can be an important member of the medical team. Have your child get to know the pharmacist.

Things you can do to encourage independence in safe medication management:

• Meet your pharmacist.

• Practice reading a medication label. Use the example provided below.

• Discuss how to fill a prescription.

• Discuss how to refill a prescription. Encourage your child to practice requesting a refill and be close by in case they have questions.

Practice time: An example of a prescription label.
MEDICATIONS

Actions I can take to encourage my child to safely manage medications:

Discuss each medication with your child.
  • Explain why a medication is given.
  • Label bottles with the reason for taking medication.
  • Talk about the difference between medications given by a doctor (prescribed) and those that you can take without a prescription (over the counter).

Discuss names of medications.
  • Recognize the name of the medication by seeing or hearing it pronounced.
  • Know what the medication looks like or feels like.
  • Carry a list in wallet or phone.

Discuss the dosage and how to take it.
  • Know how much (dosage) of the medication is needed and how it is given (orally, inhaled, swallowed, injected).

Discuss allergies and drug interactions.
  • Carry a list of allergies or have them listed on your phone.

Discuss Side Effects
  • Create a chart or medication diary.

Encourage independence remembering to take medication.
  • Pill sorters
  • Calendars
  • Apps (Medisafe)

If your child uses medical equipment or supplies use the same discussion tips above to discuss use and refills.

Bonus Material:
Check out the ‘Bonus Material’ page for more information on this topic.
A health summary is handy to have when children change doctors. A health summary includes your child’s medical information, conditions, diagnoses, surgeries, allergies, medications, medical equipment, immunizations, and personal as well as family medical history.

Many health systems now offer this information electronically, but if you child is moving to a doctor in another health system, they may not be able to access the information.

You can create your child’s health summary using a notebook or binder from any office supply store. Use the following labels at the top of each page and then fill out the pages with information specific to your child.

Possible headings:
- Basic information (name, date of birth, address)
- Health insurance information
- Conditions
- Surgeries
- Allergies
- Medications
- Medical Equipment
- Immunizations
- Family health history

Print a copy of the health summary and share it with new doctors.
HealtH Summary

Consider including other things that are unique about your child’s needs.

This workbook offers several common areas that should be included in a health summary. This will help start your child’s health summary. If you do not see a topic that is important for your child’s needs you can always add more pages.

Additional areas you may want to consider:

Medical Records:
• Does your child receive care from more than one clinic?
• Are the clinics part of the same medical record system?
• If not, you may want to ask for hard copies of your visits and keep them in a folder when you go from doctor to doctor.

Health Goals:
• Take time to talk with your child about what responsibilities you will expect them to do as they get older.
• What are they comfortable doing now?
• Does your doctor listen to your child?
• Discuss the goals with your doctor and plan for things you can do to meet your child’s goals for independence.

Things that must happen for my child in the next 6 to 12 months.

The transfer of care for your child will take time, however, there are situations where this process might leave your child temporarily without access to necessary health care services. Create a list of services, procedures, or access to health care that your child may need over the next 6 to 12 months. Use this list to start a discussion with your doctor about critical needs for your child, and decide who will be responsible, and how you will take care of these things during the health care transition process. This is sometimes called a “summative problem list” by doctors.
**Health Summary**

**Mental Health**

Like a physical health condition, recognizing and seeking treatment for a mental health condition at the onset of the signs and symptoms leads to better outcomes. These feelings and behaviors include:

- Eating or sleeping too much or too little
- Avoiding people and usual activities
- Having low or no energy
- Feeling numb or like nothing matters
- Feeling helpless or hopeless
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Experiencing severe mood swings that cause problems in relationships
- Hearing voices or believing things that are not true
- Thinking of harming one’s self or others

Discuss concerns with your child and your primary care doctor, another health professional, or other trusted resource in the community.

**Be Involved:** It is important to be actively involved in your child’s life. Get to know their friends and what they do together. Be aware of how they are performing in school.

**Shared Plan of Care (SPoC)**

A Shared Plan of Care is a form filled out by parents, youth, and the health care provider. It is meant to make sure that everyone caring for your child knows about medical conditions, and that next steps in care are outlined.

There are three essential elements to a Shared Plan of Care:

1. Medical Summary
2. Family Strengths and Preferences
3. Negotiated Actions

**Bonus Material:**

Check out the ‘Bonus Material’ page for more information on this topic.
About Me

Take some time and decide how you would describe your child to a new doctor.

Things to include:
• How my child learns.
• What are my child’s likes, dislikes, and hobbies.
• Who is important to your child?
• What makes your child feel uncomfortable and how can it be made better?
• What health condition(s) does your child have?
• How comfortable are you with your child making decisions?
• Can your child describe what hurts?
• Can your child identify symptoms and when they might need to see a doctor?

What information do you share?

It is important to discuss what information to share. It is important to share all of your health information with your doctor, but talk about privacy with your child and how much information to share with others.

This will depend on your child’s personal relationships, but a good place to start is with people such as:
• Other family members
• Teachers
• Friends
• Colleagues (if appropriate)
• Employers (if appropriate)

How will my child introduce themselves to new people?

Examples: verbal, video, picture book

Bonus Material:

Check out the ‘Bonus Material’ page for more information on this topic.
**BONUS MATERIAL:**


**Health Information and Your Rights** - healthit.gov/access

**Supported Decision Making** from our partners at Family Voices of Wisconsin - familyvoicesofw...com

**Guardianship and Health Care Power of Attorney** from the Aging and Disability Resource Center (ADRCs) - dhs.wisconsin.gov/adrc

**Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR)** - gwaar.org/wi-guardianship-support-center.html

**Guardianship and Alternatives to Guardianship**
Wisconsin Board for People with Developmental Disabilities (WBPDD) wi-bpdd.org

**Providers and Teens Communicating for Health (PATCH)**
wipatch.org

**Marketplace Insurance** - Healthcare.gov

**Are Public Benefits right for you?** - Access.Wisconsin.gov, click on, “Am I Eligible?”

**ABC for Health** - 608.261.6939 or 1.800.585.4222 or safetyweb.org
Video link - youtube.com/watch?v=eUuAapOGDSM

**Medisafe Medication Reminder App**; download from Apple or PlayStore

**Teaching Kids About Using Medicine Safely** - Video Link: youtube.com/watch?v=gHv7KWB9RuI
**Bonus Material:**

*Wisconsin Board for People with Developmental Disabilities (WBPDD)*  
*Health Care Kit for individuals with developmental and intellectual disabilities (I/DD)*  

*Condition specific guides:* The American College of Physicians created condition specific guides. URL: [bit.ly/1Vhg3Hr](bit.ly/1Vhg3Hr)

*Mental Health - 2 page flyer*  
[mentalhealthjustice.net/blog/2015/8/25/get-on-the-road-to-living-well](mentalhealthjustice.net/blog/2015/8/25/get-on-the-road-to-living-well)

*National Collaborative on Workforce and Disability*  
URL: [ncwd-youth.info/health-care-transition-guide](ncwd-youth.info/health-care-transition-guide)

*Shared Plan of Care (SPoC)*  
[wismhi.org/-wismhi-files/PDF/SPoC-Projects/Sample-SPoC/SPoC_1282015AC.pdf](wismhi.org/-wismhi-files/PDF/SPoC-Projects/Sample-SPoC/SPoC_1282015AC.pdf)

*Center for Patient Partnerships*  
URL: [patientpartnerships.org](patientpartnerships.org)

**Other Resources:**

*WI Youth Health Transition Initiative* - [healthtransitionwi.org](healthtransitionwi.org)

*Got Transition* - [GotTransition.org](GotTransition.org)

*Wisconsin Medical Home Initiative* - [wismhi.org/WiSMHI-home](wismhi.org/WiSMHI-home)

*Before Age 18* - [beforeage18.org](beforeage18.org)

*WI FACETS* - [wifacets.org/link-categories/transition](wifacets.org/link-categories/transition)

*Parent 2 Parent of Wisconsin* - [p2pwi.org](p2pwi.org)

*Becoming an Adult: Taking Responsibility for Your Medical Care* - [youtube.com/watch?v=cjXurYrFMZM](youtube.com/watch?v=cjXurYrFMZM)

*Transitioning from Pediatric to Adult Care* - [youtube.com/watch?v=f_yMwg66-w0](youtube.com/watch?v=f_yMwg66-w0)
TRANSITION ACTION PLAN

Child's Name: ____________________________________________

Current Age: _______

Date: _______

Next Steps:

Here is a summary of the tools discussed in this workbook as well as a list of additional questions for you to consider as you take the next steps in your child's health care transition.
# Transition Action Plan

<table>
<thead>
<tr>
<th>Tool</th>
<th>Page #</th>
<th>Next Step(s)</th>
<th>Who is Involved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Provider(s)</td>
<td>3-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decisions</td>
<td>5-7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Insurance</td>
<td>8-9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Contacts</td>
<td>10-11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name: ___________________________  Age: __________  Date: ________________
<table>
<thead>
<tr>
<th>TOOL</th>
<th>PAGE</th>
<th>NEXT STEP(S)</th>
<th>WHO IS INVOLVED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPOINTMENTS</td>
<td>12-13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICATIONS</td>
<td>14-15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTH SUMMARY</td>
<td>16-18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABOUT ME</td>
<td>19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>