Name: ...

HfUbg]hjcb FYgci fWYg



Date:

Healthcare Skills: for young people

| Healthcare skills | I'm confident | Need extra time? | N/A |
|--|---------------|------------------|-----|
| My medical condition | | | |
| 1. I am able to describe my medical condition | | | |
| 2. I am aware of any allergies I have and how to manage them | | | |
| 3. I am able to prepare and ask my health care team questions relating to my health | | | |
| 4. I know my height and weight | | | |
| 5. I keep track of my appointments | | | |
| 6. I know how to make or reschedule my appointments | | | |
| Medications and treatment | | | |
| 7. I am responsible for taking my medications | | | |
| 8. I know the names of my medications and what they are for | | | |
| 9. I know the side effects and restrictions of my medications | | | |
| 10. I am aware that different food and drinks affect my medications | | | |
| 11. I know which tests I have regularly and why I need them | | | |
| Getting help | | | |
| 12. I know what to do if I become unwell or need urgent medical assistance (including after hours) | | | |
| 13. I know who to contact for medical advice and treatment (including after hours) | | | |
| 14. I have a GP and their contact details | | | |
| 15. I know the purpose of a medical alert bracelet | | | |
| Support and wellbeing | | | |
| 16. I know that I can start to ask for time with my doctor on my own without my parents | | | |
| 17. I know how to find more information on the website that might affect my health | | | |
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| Comments: | | | |
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