

Life Span Skills for Health: Transition Basics

Knowledge, Skills and Abilities for Changing Roles - For Providers

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Fear or Anxiety				
Fear=Emotional response to perceived threats, danger. Anxiety = uneasiness, apprehension or worry.				
Knowledge				
What do YOU and your patient need to know to underst	and and b	be able to	share with c	others.
Skills				
Physical (<i>fine motor, gross motor</i>) or Mental (<i>communic</i> to complete the task.	ation, thi	nking, org	<i>anizing</i>) ski	lls needed
Abilities				
Able to demonstrate "I can do this"- range: some may sheet" and others after practice go can this independent		ompt, oth	ers may nee	ed a "cheat
Life Span Skills for Health	Yes my patient can do this	I want my patient do this	I need to learn how to teach my patient	Someone else will have to do this for my patient Who?
 My patient understands his/her health care needs, and disability and can explain needs to others. 				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				
 My patient can explain to others how our family's customs and beliefs might affect health care decisions and medical treatments. 				
Fear		I		
Knowledge				
Skills				
Abilities				

Life Span Skills for Health	Yes my patient can do this	I want my patient do this	I need to learn how to teach my patient	Someone else will have to do this for my patient Who?
My patient carries his/her health insurance card with him/her				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				
 My patient knows his/her health and wellness baseline (pulse, respiration rate, elimination habits) 				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				
My patient tracks appointments and prescription refills expiration dates				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				
 My patient call to make his/her own doctor appointments 				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				

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7. My patient calls in his/her prescriptions refills				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				
 Before a doctor's appointment my patient prepares written questions to ask. 				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				
9. My patient is prepared to see the Doctor by him/her self.				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				
10. My patient carries his/her important health information everyday (i.e.: medical summary, including medical diagnosis, list of medications, allergy info., doctor's / drug store numbers, etc.)				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				

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11. My patient helps file medical records and receipts at home				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				
12. My patient pays co-pays for his/her medical visits				
Fear				
Knowledge				
Skills				
Abilities				
13. My patient co-signs the "permission for medical treatment form" (with or without signature stamp, or can direct others to do so)				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				
14. My patient knows his/her symptoms that need quick medical attention.				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				

Life Span Skills for Health	Yes my patient can do this	I want my patient do this	I need to learn how to teach my patient	Someone else will have to do this for my patient Who?
 My patient knows what to do if they have a medical emergency 				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				
16. My patient knows how to monitor medical equipment so it's in good working condition (daily and routine maintenance)				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				
17. My patient and I have discussed a plan to be able to continue healthcare insurance after they turn				
Fear or Anxiety				
Knowledge				
Skills				
Abilities				

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The opinions expressed herein do not necessarily reflect the policy or position nor imply official endorsement

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