**Adolescents with special healthcare needs transitioning to adult healthcare**

**Questions for ages 16-17**

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| Questions | Yes | No |
| Have I made my own doctor’s appointments? |  |  |
| Have I refilled my own prescriptions? |  |  |
| Have I practiced filling out an Authorization to Release Information form? |  |  |
| Have I discussed with my provider what my privacy rights are when I turn 18? |  |  |
| Do I know my legal rights and HIPPA laws that will take effect the day you turn 18? |  |  |
| Do I have the independent living skills I need when you turn 18? Examples: prepare meals, pay bills etc. |  |  |
| Am I able make good decisions regarding my personal hygiene, diet and behaviors? |  |  |