Name

How Well Do You Know Your Health Care Needs?

For Teens and Young Adults

See for

Fill this out to see what you already know and the areas you need to learn more about. This information can help you make a portable medical summary, which is important to bring to new doctors.

Take this home. Have your parents and/or your teachers, school nurse, social worker or IEP team help you fill it out. Use an extra sheet of paper if you need more space to answer the questions.

Name

Ask your doctor's office to help fill in the gaps at your next visit.

See for

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2) Describe your health co	nditions and how they will ch	ange as you get older:			
3) How do your health con	ditions affect your daily life?				

4) What treatments do you need on a regular basis (i.e., respiratory care, bladder care, wound care, etc.)?

Treatment	Why you need this	How often is it needed	Who does the treatment/ procedure

5) Describe any special equipment you use and why you need it:

Equipment you have	How it is used

6) Complete the following chart about your medication	<i>5</i>)	Complete the	following	chart about	vour medications
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Name of medicine	Dosage (how many you take)	Time (when you take it)	Why you take it	What happens if you skip it	Possible side effects
7) Where do you			cont and aumplica?		
y) wnere ao you g	get your prescription	ons, medical equipm	nent and supplies?		
Prescriptions:					
Equipment:					
Supplies:					
	ow when to call 91		"" 0		
10) How do smok	ing, drinking and u	sing drugs affect yo	our condition?		
11) How does yoι	ır condition affect s	sexuality?			
12) What do you o	do to stay healthy (diet, exercise, hand	ling stress, etc.)?		
13) What is the na	nme of your health	insurance company	7?		
14) What do you d	do if you have ques	stions about your in:	surance?		

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