

Responsibilities Checklist: Managing Medications

Let your care team know your skill level in the following areas that are important for transition to adult healthcare by placing the number from 1 to 5 in the boxes below. There is no right or wrong answer, and your answers will be kept private.

Name: _____

Date: _____

1 No, I don't know

2 No, but I want to learn

3 No, but I am learning to do this

4 Yes, I have started doing this

5 Yes, I always do this when I need to

1. I take my medications without being reminded and know the risks of not taking them

1 2 3 4 5

2. I can call or message my doctors for refills and reorder my medications from the pharmacy

1 2 3 4 5

3. I can find out about prescription assistance programs

1 2 3 4 5

1 No, I don't know

2 No, but I want to learn

3 No, but I am learning about this

4 Yes, but I would like to learn more

5 Yes, I could explain this to someone

4. I know what medications I am allergic to

1 2 3 4 5

5. I know what medications I have tried in the past

1 2 3 4 5

6. I know what medications I take, when to take them, and how much to take

1 2 3 4 5

7. I know what side effects I might have from my medications and what to do if they happen

1 2 3 4 5

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My Goals:

Work with your care team to identify some goals and write them below. Try to make goals that are specific. Include what you want to do and how you will do it. Then, decide when you want to reach your goal. Once you've reached your goal, check it off, celebrate, and move on to the next one! You've got this!

What I want to do	How I'm going to do it	When I will have it done	I'm going to do it! (Initials)		I did it!
			Patient	HCP	
<i>Example</i>					
<i>Schedule my next appointment</i>	<i>I will review my school calendar with my parents and then call the front office to schedule my next checkup on a day I don't have soccer practice.</i>	<i>By the end of the week</i>	<i>T.S.</i>	<i>M.D.</i>	<i>✓</i>