



## Transition Readiness Assessment *Psychosocial Domain Checklist*

Name: \_\_\_\_\_ MRN: \_\_\_\_\_ Date: \_\_\_\_\_

1) Teen has completed the Sickle Cell Disease Personal Health Record?

Yes \_\_\_\_\_ No \_\_\_\_\_

2) Teen has demonstrated an understanding of various resource information including

\_\_\_\_\_ Social Security/ Disability \_\_\_\_\_ Medical Insurance

**Insurance Plan** \_\_\_\_\_

\_\_\_\_\_ Advance Directives \_\_\_\_\_ Local SCD advocacy group

\_\_\_\_\_ Food Stamps/TANF \_\_\_\_\_ Medical/Mental Health Providers.

3) Teen has identified and addressed any anxiety or stress related to the transition to adult care by either or both of the following:

\_\_\_\_\_ Discussing with parent/guardian \_\_\_\_\_ Discussing with health care provider

4) Teen has demonstrated knowledge of important Independent Living Skills:

\_\_\_\_\_ Setting up MD appointments \_\_\_\_\_ Arranging Transportation

\_\_\_\_\_ Obtaining proper Identification \_\_\_\_\_ Access to Community Resources

5) Teen has demonstrated an ability to advocate for his/herself?

\_\_\_\_\_ Ability to communicate with Medical Providers independently

\_\_\_\_\_ Ability to identify needs and how to access resources when needed



**Transition Recommendation**

- a. \_\_\_\_ Teenager is ready for transition and no plan of action is necessary (Score = 5)
- b. \_\_\_\_ Teenager is probably ready for transition, however a plan of action needs to be developed (Score 3 to 4).
- c. \_\_\_\_ Teenager is not ready for transition and a plan of action needs to be developed (Score 2 or below).

**Plan of action:**

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**Reassessment timeframe:**

Readiness for transition will be re-assessed in \_\_\_\_ months.