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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Reassessment timeframe:

Readiness for transition will be re-assessed in _____ months.