

**(For Patient to fill out (Self-Assessment))**

Please fill out this form to help us see what you already know about your health and how to use health care and the areas that you need to learn more about. If you need help completing this form, please ask your parent/caregiver.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My Health	<i>Please check the box that applies to you right now.</i>	<i>Yes, I know this</i>	<i>I need to learn</i>	<i>Someone needs to do this...Who?</i>
I know my medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I can explain my medical needs to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know my symptoms including ones that I quickly need to see a doctor for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know what to do in case I have a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know my own medicines, what they are for, and when I need to take them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I know my allergies to medicines and medicines I should not take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I carry important health information with me every day. (e.g. insurance card, allergies medications, emergency contact information, medical summary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I understand how health care privacy changes at age 18 when legally an adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I can explain to others how my customs and beliefs affect my health care decisions and medical treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Using Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know or I can find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make my own doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a visit, I think about questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know to show up 15 minutes before the visit to check in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to go to get medical care when the doctor's office is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a file at home for my medical information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a copy of my current plan of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to fill out medical forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get referrals to other providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where my pharmacy is and how to refill my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get blood work or x-rays if my doctor orders them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a plan so I can keep my health insurance after 18 or older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family and I have discussed my ability to make my own health care decision at age 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>