

TRANSITION CHECKLIST

TALK IT OUT

CHECKLIST

- I ask my cardiologist about my heart health
- I meet with my cardiologist on my own
- I can describe my CHD to others
- I recognize when my symptoms get worse and call my cardiologist
- I visit my PCP, at least annually so I know the rest of my health is good.
- I know what long term problems may arise from my defect
- I know my rights and responsibilities as a patient
- I make sure I understand the benefits and risks of any treatment before I consent.
- I know who my adult cardiologist is and how often I should see them
- I have been introduced to my adult cardiologist and shared my concerns.

DO IT

CHECKLIST

- I know the names and doses of my medications and what each is for
- I know the side effects of my medication and when to call my cardiologist.
- I take my medications on my own without supervision

TRANSITION CHECKLIST

DO IT (CONT.)

CHECKLIST

- I know how to fill my own prescriptions for my meds
- I do my own home treatments or therapies, without supervision
- I get my own test results, including lab.
- I have an emergency plan and know who to call
- I carry my medical information with me with my health insurance card and/ or medic alert
- I order my own medical equipment and supplies
- I have home care and have talked to my providers about how it will change when I am an adult
- I make and get to my own appointments
- I know how to get access to my medical records should I need them
- I make sure other physicians are coordinating my heart care with my congenital cardiologist

NETWORK

CHECKLIST

- My family supports me in managing my health and plans for transition to adult care
- I talk to my family/ friends about my problems and worries
- I participate in activities outside of school

TRANSITION CHECKLIST

NETWORK (CONT.)

CHECKLIST

- I talk to others when I am feeling sad, anxious, or depressed
- I connect with other CHD young adults
- I talk to others about my concerns about transition

HEALTHY LIFESTYLE

CHECKLIST

- I participate in physical activities that are safe for me (150 minutes a week)
- I make good nutritional choices and at a heart-healthy weight
- I abstain from excessive alcohol, and all forms of tobacco
- I understand how alcohol may interact with my medications
- I understand that driving under the influence of alcohol and drugs is illegal and unsafe
- I understand that I may have physical restrictions and have planned around them

TRANSITION CHECKLIST

ADULT LIFE

CHECKLIST

- I have teachers/ others I talk to about my strengths and weaknesses
- I know how my heart health may impact my career choices
- I talk to my family about medical coverage after high school
- I volunteer and/or have a paid job
- I have ideas about after high school for additional schooling or work
- I attend conferences that have speakers who address benefits, rights, and responsibilities when seeking or landing employment
- I have registered for college or technical school
- I have spoken with admissions or my student adviser about special accommodations I may need to attend college or technical school
- I know there is planning to do around my heart health prior to moving for a job or going away to school

SEXUALITY & PREGNANCY

CHECKLIST

- I know my condition and treatments might affect my physical development
- I know how to prevent unwanted pregnancy and sexually transmitted diseases
- I know that my condition might affect my sexual function and ability to have children