



# My Path to Adult Health Care

## Warming up...

## ...Following the Path...

## ...Reaching my Goals

### My Healthy Habits

(brushing/flossing teeth, healthy foods, exercise, washing hands, limiting screen time, sleep, etc.)

- I am learning about healthy habits and can do some of them on my own
- I am learning about my health needs

- I have healthy habits
- I avoid unhealthy habits (smoking, vaping, drinking, drugs, speeding, etc.)
- I can explain my health needs to others
- I tell my parents when I do not feel well

- I live healthy
- I know the name of my health condition and how it affects me
- I know how to get help when I do not feel well

### My Doctors and Dentist

- I see my doctor every year for wellness visits
- I see my dentist twice a year for check-ups
- I tell my doctors and dentist "hello" and "good bye" and answer their questions

- I see my doctors when I am well and when I am sick
- I know their names
- I ask them questions and talk about my health

- I can schedule visits with my doctors and dentist
- I know the importance of having a doctor who knows me and my health needs (my Medical Home)
- I keep my health record up-to-date

### My Medicines (if needed)

- I take my medicine when my family gives them to me
- I know how the medicine will help me

- I know when to take my medicines and how it helps me
- I know how my family orders or refills my medicines

- I know what my medicines are and how to get them
- I know how to get refills
- I know the name and location of my pharmacy

### My Health Insurance

- I am learning that things cost money
- I am learning how to save money
- I am learning about how my family pays for my medical care

- I am learning about how my health insurance works
- I know where my Social Security card, State ID, and birth certificate are kept

- I understand my health insurance plan
- I carry my health insurance card
- I know how to get health insurance when I'm no longer covered by my parent's insurance plan

### My Adult Health Care

- My family keeps a record of my health condition, medicines and doctors
- I help to choose things and make decisions
- I do chores around the house

- I meet alone with my doctor for part of my visit
- I start to talk with my doctor about finding health providers for when I become an adult
- I help to fill out and co-sign forms at doctor visits

- At 18-years-old, I know I can see the doctor alone, or choose to have my support people with me
- I have adult health care doctors and dentist, and an adult plan of care
- I make decisions with my adult health care providers



# My Health Care Information



## My Current Doctors

Primary Care Doctor:

\_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dr.: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dr.: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## My Current Dentist

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## My Current Health Insurance

Plan: \_\_\_\_\_

Subscriber: \_\_\_\_\_

Number: \_\_\_\_\_

## My Medicines

Drug: \_\_\_\_\_

What for: \_\_\_\_\_

Dose: \_\_\_\_\_

How often: \_\_\_\_\_

Drug: \_\_\_\_\_

What for: \_\_\_\_\_

Dose: \_\_\_\_\_

How often: \_\_\_\_\_

## Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## My Adult Health Care Plan

Primary Care Doctor:

\_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dr.: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dr.: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## My Adult Dentist

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## My Adult Health Insurance

Plan: \_\_\_\_\_

Subscriber: \_\_\_\_\_

Number: \_\_\_\_\_

