

# MY SELF-REFLECTION

A TOOL FOR YOU TO REFLECT ON YOUR TRANSITION SKILLS AND GUIDE YOUR GOALS

## VOICE

I ask healthcare providers questions about my health

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I meet with healthcare providers on my own

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I can describe my health conditions to others

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When my symptoms are getting worse, I know who to ask or call for help

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I know what patient confidentiality means

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I ask questions to better understand the risks and benefits of treatments before consenting

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I know who to ask for information about sexual health

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I know who to talk to about the effects of alcohol, drugs and tobacco on my medications and health

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I talk to others about my feelings and concerns about transferring to adult care

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## ACTION

I know what I am allergic to (food, medication)

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I know the names of my medications, why I am taking them, and their side effects

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I take my medications on my own and/or do my own home treatments. Or I have a support system in place to help me

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I know how to fill my own prescriptions

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I know the reasons for my tests

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I have an emergency plan and carry my emergency information with me

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I have a family physician or I am on the waitlist for one

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I can make and get to my own appointments

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## CONNECTIONS

I have support in managing my health and my plans for transition

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I have people to talk to when I am feeling sad, anxious, down, hopeless or having difficulty sleeping

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For fun I like to...

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## HOPES & DREAMS

I know there is planning to do around my health before I go away for school, work or travel

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I have thought about what I want to do in the future. Some of my hopes and dreams are...

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## MY THOUGHTS & FEELINGS

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