

Date: _____

Transitions Screening

SHC Cincinnati
Transitions Committee 4/02

Noted problems?

Yes No

Medical & Healthcare:

1. Do you have other sources of medical care? YES NO
2. Do you have medical/dental insurance? YES NO
3. Do you have a case worker? YES NO
4. Do you know how to obtain your own insurance? YES NO
5. Are there any future surgeries needed related to your burn injury? YES NO
6. What types of coverage will you need?
7. Do you need assistance with referrals for burns? YES NO

Yes No

Psychosocial/Emotional:

1. How do you feel about your burns/scars?
2. How has your burn injury/scars affected who you are today?
3. Who are the supportive people in your life?
4. What do you do to deal with stress?
5. What stressors have you dealt with?
6. Are you aware of any support groups? YES NO

Yes No

Vocational:

1. What is your school status?
2. Are you now or have you ever-received special ed. services? YES NO
3. Have you been involved in vocational services? YES NO
4. What are your future educational plans?
5. What would help you be successful with your educational goals?
6. Who is the person you go to for support/advice with your educational/future needs?
7. What type of financial services have you investigated to help fund your education?
8. What kind of job do you have?

Noted problems?

Yes No

Independent Living:

1. What role do your parents/caregivers have in your life? Who do you live with?

2. What plans do you have for living arrangements when you are an adult?

3. What special needs will you have when you live on your own?

4. How will you financially support yourself?

5. How do you plan to get to work? School?

6. What do you do in your spare time?

7. Do you have any financial responsibilities other than yourself? **YES NO**

Yes No

Government:

1. Are you familiar with SSI, Medicaid, Title V, MRDD, ADA, and public assistance? **YES NO**

2. Which of these programs apply to you?

Transitions Acuity Level: Low Moderate High

(Low = No transition services. Moderate = Empowering patient, minimal follow-up required. High = Referral needed, on-going contact for services.)

If noted problems, what preparations are recommended?

Summary List note written? **YES NO**
File this document in plastic sleeve in pt chart.

Interviewer Signature: _____