Time Away from Home Worksheet:

Diagnosis Information

1. What is the name of my health condition?

TIP: If you do not have a written health history, search Care Plans for Teens on www.cshcn.org for more info.

2. How do I describe my health condition to others?

3. Who should know about my diagnosis? *(Things to think about: Who would I share about my diagnosis with and why? Who would I not want to share this information with?*

4. Do I have a complete and current written health history summary? *(Things to think about: Is my summary something emergency workers could take a quick look at to get background on my health needs and give needed care? Does it contain diagnoses, past surgeries, treatments, medicines, daily care needs, doctors, insurance, etc.? Where will I keep it while I am away?)*

5. What health records do I normally have with me and will that be enough when I am away? *(Things to think about: What other health records would I need if I were away? Is my health history summary up to date with my most recent surgical reports, x-rays reports, or lab results? Is my health history summary complete or should it be updated?)*

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Time Away from Home Worksheet:

Medicines

1. What medicines do I take and why?

Medicine name (generic & brand name)	How much should I take?	When should I take it?	Reason for taking this medicine	Is monitoring needed?

2. What are the common side effects of my medicine?
(Things to consider: How do I plan on handling any side effects while I am away from home?)

Tip: You may find some of the answers to this worksheet on the label of your medicines.

3. Do I have allergies to any medicines?

4. Can I demonstrate how to take my medicine with the right amount, at the right time, in the right way?

5. What will happen if I don't take my medicine?
(Things to consider: What should I do if I forget to take my medicine or miss a dose? If I lose my medicine while away, how do I get more?)

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Time Away from Home Worksheet:

Daily Health Care Tasks and Treatments

1. Describe your daily health care tasks and treatments *(For example: checking blood sugar, taking blood pressure)*

Task or treatment	Why I do my treatments	How will I do my treatments by myself (or show others how to do them)

2. What will happen if I do not do my treatments?

Tip: Being away from home means you may do your tasks or treatments in a less familiar place. Practice in places that are not usual for you.

3. If I need more supplies, where will I get them and how will I pay for them?

4. Will changes in air, food, temperature, or water affect my body? Will these changes interact with medicines I am taking?

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Time Away from Home Worksheet:

Safety and Warning Signs

1. Describe any safety issues that I need to think about when I am in a new place away from home. *(For example: balance if climbing hills, vision issues, hearing issues in traffic, etc.)*

TIP: You probably know what to avoid when at home. But do you know what to look out for when you are in a different situation or environment?

2. Are there any special things I need to avoid? *(For example: metal detectors, microwaves, things that may trigger asthma, bee stings, etc.)*

3. Describe my "normal" health and vital signs when I feel well. What are signs and symptoms that show a problem may be starting?

4. What will I do if I don't feel well?
(Things to consider: Who should I tell if I'm not feeling well? Who will be responsible for helping me?)

5. What should others do if I don't feel well?
(Things to consider: Who should they contact? Do they know where to find information they might need?)

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Time Away from Home Worksheet:

Emergencies

1. What are the signs and symptoms that may mean that I need urgent medical care?

TIP: The Care Plans for Teens section of this site contains an In Case of Emergency card that you can keep in your wallet at all times.

2. Where will I go for urgent medical care?

3. Do I need a Medical Alert/Identification bracelet?

4. What is the local emergency number for where I will be staying? *(Things to consider: Other countries may not use 911 as their emergency number. Will dialing 911 work where I am going?)*

5. What is my plan for using a phone in an emergency? *(Things to consider: Do I have a cell phone? Is it charged? Do I have the charger? Will it work where I will be staying? Do I have enough minutes if I am put on hold? Do I have a backup plan such as a phone card or another way to communicate?)*

6. In case of an emergency what is my plan for transportation? *(Things to consider: if using a car, who would drive? Do I have bus or taxi money if needed?)*

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Time Away from Home Worksheet:

Seeing Health Care Providers While Away

1. What will I do if I have to see a doctor and it is not an emergency?
(Things to consider: Where would I go in an emergency? How would I get there?)

Tip: It may help to practice how you would give your health history and concerns to a new doctor. Ask your parent to role play with you.

2. Do I feel comfortable giving my past medical history to a new doctor? Will I have copies with me? Do I know everything I need to tell a new doctor?

3. Who will I call if I just need to call a doctor or nurse for advice on the phone?
(Things to consider: Should I call my usual doctor or clinic or a doctor in the place where I am staying? What are the phone numbers I will need?)

4. Do I need a letter from my parents giving permission for me to be seen by a new health care provider?
(Things to consider: If I need a permission letter, where will I keep it?)

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Time Away from Home Worksheet:

Insurance/Payment for Health Services

1. How will I pay for health care if I need to see a doctor while I'm away from home?

TIP: You may be able to find some key information on the back of your insurance card. You will also find phone numbers to call if you or your parents have questions.

2. Do I have my insurance information? *(Things to consider: Do I have a copy of my insurance card? Where will I keep it?)*

3. Do I know what my insurance pays for? *(Things to consider: Do I need any special pre-approval? Do I know how my insurance works when I see a health care provider that is not my usual doctor?)*

4. What doesn't my insurance pay for?

5. Do I have cash or a credit card to pay co-payments or for services that get reimbursed?

6. If I have Medicaid, will it pay for my health care if I am in another state?

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Time Away from Home Worksheet:

Key Contact Information

1. Who will I call if I feel sick?

TIP: You may want to carry your key contacts information on paper copies as well as on a computer disc, thumb drive, or cell phone. You may also want to email a copy to yourself so you can access it from anywhere with the internet.

2. Who are my important contacts and what are their numbers?
(For example: doctor, nurse, family emergency contacts, pharmacy, equipment, supplies, etc.)

3. How and where will I carry key contacts?

4. Who else needs a copy of my key contact information?

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Time Away from Home Worksheet:

Support When Away from Home

1. What should I do if I am worried about my health condition and I want to talk to someone?

Tip: It may help to have more than one plan for support, in case your first choice isn't available.

2. Who knows about my condition? *(May include adults, friends, roommates, teachers, nurses, etc.)*

3. Who knows about my emergency needs?

4. Who knows my key contact information?
(Things to consider: Do they know how to get in touch with my family? Do they have a copy of my key contact information?)

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