

## National Healthcare Decisions Day Advance care planning worksheet

Thank you for beginning your advance care plan. By talking about your values, preferences and beliefs, your loved ones and doctors will better understand what you want. Answer these questions to get started. Bring this document with you when you receive care.

My name is \_\_\_\_\_

Who do you want to make health care decisions for you if you can't speak for yourself? This person will be your health care advocate. It may or may not be a family member. It should be someone who:

- Knows you well
- Is calm in a crisis
- Understands how you would make decisions
- Can ask questions and advocate to your doctors
- Can communicate well with your family

I choose \_\_\_\_\_ as my advocate. Relationship \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

If that person is not able or available, my alternates are:

1st alternate name: \_\_\_\_\_ 2nd alternate name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

What brings me joy or meaning? For example, taking walks, being with family, learning new things, being outside, gardening:

These are the things that bring me comfort when I'm sick. For example, listening to music, feeling safe, connecting with family, staying warm:

**Imagine if a sudden, serious event or illness** leaves you unable to communicate. There is a small chance that you will recover. Your advocate and medical team must decide what treatments best fit with your values.

What would be most important to you in this situation?

Would you want life-sustaining treatment in this situation, such as CPR or a ventilator?

When, if ever, should your advocate decide to stop life-sustaining treatment?

If I am nearing the end of my life, it will be important for me to have:

What I want the people around me to know before I die:

Now discuss this with:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Your advocate            | <input type="checkbox"/> Your doctors |
| <input type="checkbox"/> Your alternate advocates | <input type="checkbox"/> Your family  |

Next steps:

- Send this document to your doctor and ask for it to be added to your medical record.
- Bring this document with you when you receive care.
- Revisit your preferences as your life changes.
- For a more formal document, download your state's advance directive at [www.caringinfo.org](http://www.caringinfo.org)