

Advance Care Planning Conversation

This document serves to record wishes, values and beliefs for future healthcare. It is NOT consent for treatment. It will be viewed as a representation of a person's capable thoughts and reflections - their own words have been used.

Name:

Date:

Person(s) Present:

UNDERSTANDING:

Based on previous discussions with healthcare providers, what do you understand about your illness? What do you expect to happen in the future?

INFORMATION:

What information about your illness that you don't know would be helpful or important for you to know?

Is there information about your illness that you don't want to know? How do you want your information?

GOALS/VALUES/BELIEFS/QUALITY:

What brings quality to your life? What do you value, or what is important in your life that gives it meaning?

Eg: being at home, being mentally aware, being in control of decisions, not being a burden, achieving life goals, supporting my children.

FEARS/WORRIES:

What are your biggest fears as you think about the future of your health? (E.g. struggling to breathe, being in pain, being alone, losing your dignity, depending entirely on others, being a burden to your family and friends, financial and legal concerns, wills, being given up on too soon etc.)



Advance Care Planning Conversation

TRADE-OFFS:

If you become sicker, how much are you willing to go through for the possibility of gaining more time? (E.g. would you trade the ability to communicate, the ability to interact with others, the ability to control of your bodily functions)

Or are the burdens of these treatments acceptable to you if there is even a slight chance of gaining more time?

Do your thoughts change if your condition was permanent or if there was little or no chance of recovery?

NEAR THE END:

If you were near the end of your life, what might make the end more meaningful or peaceful for you?

FAMILY:

How much does your family know about your priorities and wishes?

Do you foresee any conflicts within the family regarding your wishes (eg religious or cultural)?

Note to Healthcare Providers:

If this patient lacks capacity to make healthcare decisions in the future, this conversation may be used to guide surrogate decision makers in providing informed consent. It may outline information about prior capable wishes and best interests of the patient. Therefore, this form must not include healthcare provider interpretations.

The patient to whom this applies has reviewed this document and is in agreement with its contents. Copies have been provided to the patient and their health care proxy.

I agree with this statement

In addition, and Advance Health Directive has been completed: YES NO

If yes, location of Advance Health Directed:

Health Care Provider Name:

Health Care Provider Signature: