Advance Care Planning Worksheet

Patient Name_______________________ Surrogate Name (if any)__________________
Medical Record #____________________ Date_________________________________

Question #1
Do you have an Advance Care Plan that helps us know what your preferences are for medical treatments should you become very sick? CHECK ONE: YES___ NO___

If “YES” please indicate which type of document (may have more than one):
___Living Will (Instructional Directive)
___Durable Power of Attorney for Healthcare (Proxy Directive)
___POLST Form
Ask: Do we have a copy in your chart here? CHECK ONE: YES___ NO___
If “NO” please request a copy for the chart
If “YES” proceed to Question #2

If “NO” proceed to Question #2

Question #2
Many people find it helpful to discuss their overall goals and preferences with their doctor—even if already written down—to clarify specific wishes and to discuss the benefits versus burdens of certain medical treatments that may be automatically-provided should you become very sick. We recommend that you have this type of conversation with your doctor. Are you willing? CHECK ONE: YES___ NO___

If “YES” then:
Let me arrange a time to discuss this further with your doctor. I will give you some material to help you prepare for this meeting (educational information, and a question & answer sheet)

If “NO” proceed to Question #3

Question #3
I would like to give you some information about Advance Care Planning and how it can help your medical team, family, and caregivers insure you get the kind of medical care you prefer should you become very sick. Okay? CHECK ONE: YES___ NO___

If “YES” then
After you read this, I strongly recommend you speak with your doctor and family. I will call in a few days to see if I can help schedule an appointment for you.

If “NO” then
Thank you for your time. Please contact me if you wish to discuss this in the future.