

For documenting decisions about advance care planning based on patient's beliefs, values and wishes for future health care.

- Conversation with patient
- Document directions and decision from discussion
- Specialist shares form with patient and their Primary Health Care Provider / Family Physician

Date

## Patient Information

Patient Name

Personal Health Number

Telephone

Address

## Diagnosis and Prognosis

Diagnosis (list)

Estimated Prognosis

Does patient have an existing Advance Care Plan?

- Yes  No

Does patient have a Temporary Substitute Decision Maker (TSDM)?

- Yes  No

## Treatment Goals and Decisions

Treatment Goals and Decisions

Preferred Place of Death

## Patient Information

| relationship                                    | name | Phone number |
|---|------|--------------|
| Primary Health Care Provider / Family Physician |      |              |
| TSDM  |      |              |
| Primary Caregiver                               |      |              |
| Family Member 1                                 |      |              |
| Family Member 2                                 |      |              |
|   |      |              |
|   |      |              |

## Notes