

Advance Care Planning

A Checklist for Getting Started



- Use the Conversation Project Toolkit, available online at theconversationproject.org
 - Think about what you want.
 - Plan when and how to talk to your loved ones about what you want and any questions or concerns they have.
 - Decide whom you want as a healthcare agent.
- Talk to your healthcare agent**
 - Tell them about your wishes and the responsibilities of a healthcare agent.
 - Obtain their agreement, and discuss any concerns or questions they have about supporting your wishes.
 - Fill out "Appointment of Healthcare Agent" in Part A of the Advance Directive form.
- Document your wishes in Part B of the Advance Directive form**
 - Two people need to witness your signature and sign the document. Your Healthcare Agent cannot be a witness.
 - The document does not need to be notarized, and you do not need an attorney.
- Store the original signed and witnessed documents in a safe place with other important documents, such as your birth documents and your will, and tell someone where you keep them.
- Keep a signed and witnessed copy of your Advanced Directive (Part A and Part B):**
 - In a place where Emergency Medical Staff or friend can find it (for example, on the side of your refrigerator)
 - In the glove compartment of your vehicle
 - With your dated list of medications
- Give a signed and witnessed copy of your Advanced Directive to:**
 - Family members and friends who would be contacted about your care
 - Your Healthcare Agent
 - Your Doctor(s), to keep with your records.
 - Any hospital where you receive care, for storage with your records.
- Fill out the card below with contact information for a person to reach in the event of an emergency, and keep it in your wallet.**

Information about my Advance Directive

I have an Advance Directive

MY NAME

MY PHYSICIAN'S NAME

PHYSICIAN'S PHONE

Copies are held by:

NAME	PHONE
NAME	PHONE

Other copies are held by:

NAME	PHONE
NAME	PHONE
NAME	PHONE

I also have a healthcare agent:

AGENT NAME

PHONE