

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 Substitute Temporary Decision Maker (STDM)?

- Yes No

TREATMENT GOALS AND DECISION

Treatment Goals and Decisions

Preferred Place of Death

PATIENT INFORMATION

Relationship	Name	Phone Number
Primary Health Care Provider / Family Physician		
STDM		
Primary Caregiver		
Family Member 1		
Family Member 2		

NOTES