

What Matters To Me

Notes About My Wishes In Case of Serious Illness

My name: _____

Date of birth: _____

Date of this document: _____

My substitute decision maker (name, relationship): _____

I have completed Power of Attorney form for substitute decision maker ☐ YES ☐ NO

Person(s) working with me on this form: _____

Main healthcare provider(s): _____

*These notes are to help me communicate what matters to me. They are to help my loved ones and my health care providers understand what is important in case I am seriously ill and cannot speak for myself. **Nothing in this document implies my legal consent for any specific care, treatment, or procedure.***

My understanding of my current health or illness:

Things that make my life worth living; goals and wishes for my future:

If I lose these functions or abilities, life would not be worth living:

My biggest fears about my future, or if I become more ill:

Types of health care I am willing to have if it means I will gain more time to live

This is my substitute decision maker, and how much they know about my wishes:

Other important things to consider (like where I would want to die, or when my loved ones should consider moving me out of my home, etc):

*My signature below indicates that I have reviewed, and agree with, what is written above.
Nothing in this document implies my legal consent for any specific care, treatment, or procedure.*

Signature _____ Date _____

Print Name _____

SIGN AGAIN WHEN REVIEWED OR REVISED TO KEEP CURRENT:

Signature _____ Date _____

Signature _____ Date _____