

# What Matters To Me

## Notes About My Wishes In Case of Serious Illness

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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.*

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**My understanding of my current health or illness:**

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

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

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

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

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

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**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):**

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***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 \_\_\_\_\_