

MY PREFERENCES FOR CARE AT THE END OF MY LIFE

FULL NAME _____

DATE of BIRTH _____

I have reflected on my answers to these statements. If I am in a condition from which I am not likely to recover, I choose quality of life over quantity. I do not want invasive medical tests, treatments, procedures, surgeries, mechanical breathing, nutrition or hydration, injections, medication, CPR, or anything else that would prolong my dying process. I choose comfort care and complete pain control, even if it makes me sleep more, and hastens my death.

Please call me by this name: _____

I want my doctor to tell me that I am dying so I can prepare.

I want to receive Palliative Care as early as possible.

I want my pain managed but I want to be conscious and aware.

I want my pain managed even if I would be drowsy or sleep more than usual.

I want my physical and mental symptoms managed so I am as comfortable as possible.

I want to be offered light foods and fluids and be allowed to refuse, even if doing so hastens my death.

I want to be cared for with kindness and cheerfulness.

I want to be clean and dry at all times.

I would like to be kept warm or cool as needed.

I want good oral care, and any thirst well managed.

I want attention to be given to my appearance: shaving, tweezing, and hair.

I want a view of the outside and nature and a quiet and peaceful space.

I want flowers, photos, and meaningful objects near me.

I want my pets to be with me if possible.

I have made arrangements for pet care with _____

I want spiritual support including prayers, meditations, readings, and music.

I want my favorite music playing: _____

I want to have phone and video calls with my loved ones.

I want to choose who is at my bedside depending on how much energy I have.

I want my hand held when possible, even if I'm unresponsive.

I want to have my hands and feet massaged.

I want to hear stories about my life.

I want to die at home, if possible.

I don't want to die alone, if possible.

Additional instructions:

My Power of Attorney for Healthcare is: _____

POA Phone: _____

Secondary POA and Phone: _____

My Emergency Contact: _____

ICE Phone: _____

Before I say goodbye, know that I love you. I forgive you. Please forgive me. Thank you for being in my life. Hold no regrets or guilt. I've had a long life and want a good, brief ending.

Burial/Cremation arrangements are with: _____

Where I want my remains laid to rest: _____

Thoughts for my memorial service: _____

I want my wishes respected and honored as your final gift to me.

MY SIGNATURE: _____

DATE: _____

WITNESS: _____ PHONE: _____

ADDRESS _____