

# The Doctor Can See You Now



You know best what matters most to you, how you make decisions, and what you value. It is important that your doctors understand these preferences, and how you would like them to influence your medical care.

**The following pages will help you detail your personalized preferences for medical care, including:**

- Your preferences for receiving information
- Your priorities, concerns, and sources of joy
- How you tend to make decisions
- Your preferences for care, if I face a medical crisis

Help your doctors know what's important to you.

## My Contact Information

Full Name:  Today's Date:  /  /

Date of Birth:  /  /  Phone:  (  )

Street Address:  Apt./ Unit:

City:  State:  Zip:

## SECTION 1 How I Describe My Health

1. Compared to others my age, I would describe my health as:

*Check only one.*

Poor    Fair    Good    Very Good    Excellent

2. Compared to six months ago, I would say my health is:

*Check only one.*

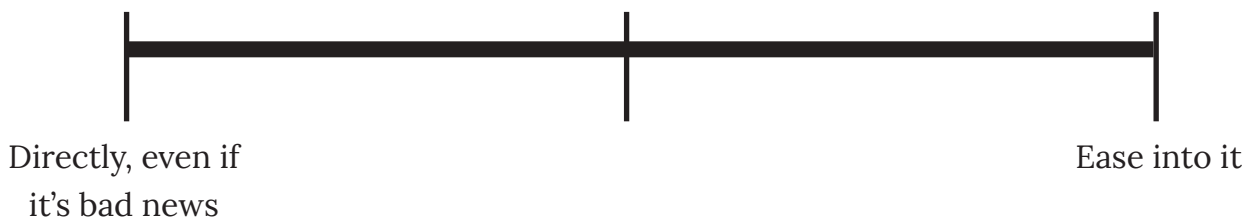
Better    Worse    About the same

## SECTION 2 How I Process Information

Let's explore how I tend to communicate and how I like to get information.

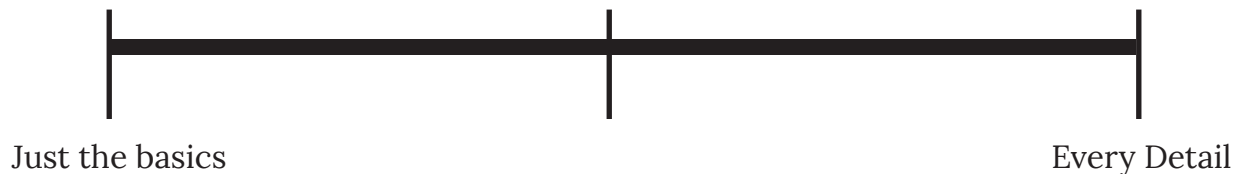
3. When I see my doctor, my preferred way to receive information about my health is:

*Mark on the spectrum.*



4. When my doctor shares information about my health, I want to know:

*Mark on the spectrum.*

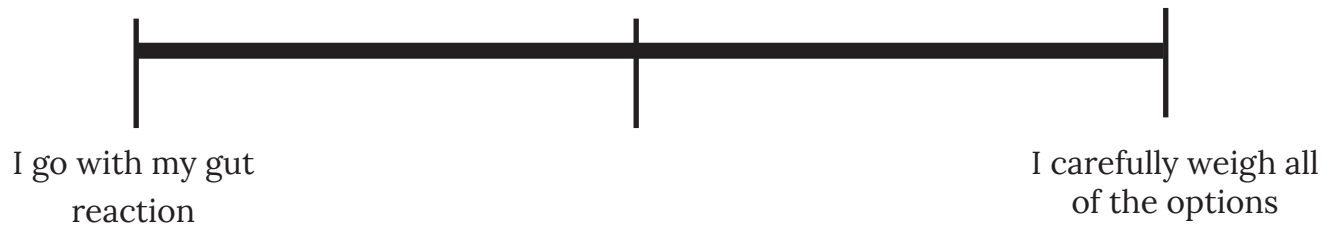


### SECTION 3 How I Make Decisions

Everyone has their own decision-making process. The following statements should help my doctor understand how I make decisions, so that he or she can give me the information and resources I need.

5. How I tend to make healthcare decisions:

*Mark on the spectrum.*



6. How much I tend to rely on others for healthcare decisions:

*Mark on the spectrum.*



### SECTION 4 My Joys and Concerns

I want my doctor to know more about what gives me satisfaction and what causes me concern. This may include things I want to be able to do, like having an active lifestyle, or making time for family. It may also include concerns like losing independence, being unable to care for a loved one, or burdening others with high costs of medical care.

7. Things in life that give me joy and keep me going: *(additional space is located at the end of this document)*

---

---

---

## SECTION 4 My Joys and Concerns Cont.

8. Major concerns I have about my health: *(additional space is located at the end of this document)* \_\_\_\_\_

---

---

---

---

## SECTION 5 Organizing My Priorities

I want my doctor to know which goals are most important to me, so that he or she can recommend treatments that meet my medical and personal needs. My decisions aren't set in stone; this is only a tool to start a conversation.

9. When I consider the following list of goals, here is what is most important to me:  
*Rank each from 1 to 5, where 1 is most important and 5 is least important. Use each number only once.*

- Being free from pain or discomfort
- Being independent
- Living a long time
- Avoiding medical treatment
- Being physically active

## SECTION 6 If I Face a Medical Crisis

10. It's hard to imagine, but if I face a life-or-death situation tomorrow, I would want medical intervention in the following way:

*Check only one.*

### Comfort Measures Only/Allow Natural Death

I want to be comfortable and not in pain, even if this shortens my life. I want to avoid going to the hospital unless it is necessary to relieve my pain and suffering. I don't want aggressive, high tech measures to prolong my life.

### Selective Care

I want treatment to relieve symptoms and prolong life, but only if it is likely to preserve what I consider to be an acceptable quality of life. Treatment should be stopped when it does not accomplish this goal, and would leave me with an unacceptable quality of life.

### No Limits

I want to be treated in any possible way to prolong my life, even if the chance of success is slim, and my quality of life would be diminished.

Optional and recommended:

Want to make more detailed instructions? Visit [MyLivingVoice.com](https://www.mylivingvoice.com) and create a detailed advance directive in about 10 minutes.

## SECTION 7 Who Knows Me Best

11. If my doctor is worried about me, the best person you can contact to talk through any concerns is:

Full Name:

Relationship:

Phone:

(     )

Email:

Special Instructions:

Specify when it is OK to contact this person, and when it is not. (Optional.)

---

---

---

Optional and recommended:

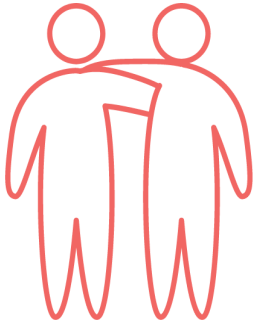
Would you like to give this person authority to make decisions on your behalf in the event of a medical crisis? Visit [MyLivingVoice.com](https://www.mylivingvoice.com) and designate a healthcare proxy.

**NEXT STEPS**



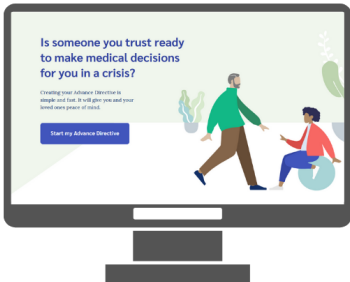
**1. Share your preferences with your doctors and other healthcare providers.**

The goal is to help your doctors understand and serve you better. Take this document into your next doctor visit and have a discussion about it; also share it with those closest to you.



**2. Choose a healthcare proxy.**

Name a spokesperson who will speak on your behalf if you are unable to communicate your wishes. Visit MyLivingVoice.com to designate a healthcare proxy and find helpful tools to assist your decision-making and conversations.



**3. Create an advance directive.**

Create a document that will convey your preferences for the medical care you want or don't want, if you are unable to communicate your wishes. Visit MyLivingVoice.com to find helpful tools to assist your decision-making and conversations.

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_