Advanced Care Planning Discussion Thinking Ahead Tool

Patient Name:_____ **DOB:**_____/_____/_____

Address:_____ **State:**_____ **Zipcode:**_____

Date Discussed :_____/_____/_____

1	Patient consent: "I consent to discuss end-of-life issues with my healthcare provider"	Yes ☐	No ☐
2	Patient already has execute an Advance Directive	Yes ☐	No ☐
3	If no, patient was given an opportunity to execute an Advance Directive today?	Yes ☐	No ☐
4	Physician statement: "The individual has the ability to prepare an Advance Directive"	Yes ☐	No ☐
5	Physician has completed a physician order for life-sustaining treatment, or similar document of reflecting the patient's wishes for Advanced care plan.	Yes ☐	No ☐
6	Physician is willing to follow the patient's wishes	Yes ☐	No ☐

Notes: Patient participated in a voluntary discussion about advance care planning. During the discussion we spoke about planning for future medical care in the event of the patient is unable to make their own medical decisions. We discussed Health Care Proxy, Living Will and DNR. We discussed choosing a spokesperson to ensure their wishes are carried out based on previously expressed wishes. We discussed life-sustaining treatment and what it entailed. We discussed the documentation, accessibility of documentation and a copy of Advance Care Planning from the Community-wide End-of-Life Palliative Care Initiative was reviewed by the patient. Patient understands that follow up Discussions can be had when appropriate