

**THESE ARE MY BELIEFS AND VALUES  
ABOUT MY HEALTH CARE**

*I want you to know these things about me to help you  
make decisions about my health care.*

My goals for my health care:

My fears about my health care:

My spiritual or religious beliefs and traditions:

My beliefs about when life would be no longer worth living:

My thoughts about how my medical condition might affect  
my family:

**THIS IS WHAT I WANT AND DO NOT WANT  
FOR MY HEALTH CARE**

***I have these views about my health care in these situations.***

If I had a reasonable chance of recovery, and were temporarily unable to decide or speak for myself, I would want:

If I were dying and unable to decide or speak for myself, I would want:

If I were permanently unconscious and unable to decide or speak for myself, I would want:

If I were completely dependent on others for my care and unable to decide or speak for myself, I would want:

In all circumstances, my doctors will try to keep me comfortable and reduce my pain. This is how I feel about pain relief if it would affect my alertness or if it could shorten my life:

***There are other things that I want or do not want for my health care, if possible:***

Who I would like to be my doctor:

Where I would like to live to receive health care:

Where I would like to die and other wishes I have about dying:

My wishes about donating parts of my body when I die:

My wishes about what happens to my body when I die (cremation, burial):

Any other wishes: