

GETTING STARTED

A Checklist for Advance Care Planning

- Use the Conversation Project Toolkit**
theconversationproject.org
 - Think about what you want
 - Plan when and how to talk to your loved ones about what you want and any questions or concerns they have.
 - Decide who you want as a healthcare agent
- Talk to your healthcare agent**
 - Tell them about your wishes and the responsibility of a healthcare agent
 - Obtain their agreement, and discuss any concerns or questions they have about supporting your wishes
 - Fill out the form "Appointment of Healthcare Agent" (FMH Advance Directive – Part A)
- Document your wishes in your Advance Directive**
 (FMH Advance Directive – Part B)
 - Two people need to witness your signature and sign the document. Your Healthcare Agent cannot be a witness.
 - The document does not need to be notarized and you do not need an attorney.
- Store the original signed and witnessed documents in a safe place with other important documents , such as your birth documents and your will, and tell someone where you keep them.**
- Keep a signed and witnessed copy of your Advanced Directive, Part A and Part B :**
 - In a place where Emergency Medical Staff or friend could find it (on the side of the fridge, for example)
 - In the Glove Compartment of your vehicle
 - With your dated list of medications
- Deliver a signed and witnessed copy of your Advanced Directive to:**
 - Family members and friends who would be contacted about your care
 - Your Healthcare Agent
 - Your Doctor(s), to keep with your records.
 - Any hospital where you receive care, for storage with your records.
- Put a card in your wallet that says you have an Advanced Directive, along with a person to contact in the event of an emergency and their phone number.**

Cut Out, Fill Out and Keep!

INFORMATION ON MY ADVANCE DIRECTIVE	I HAVE AN ADVANCE DIRECTIVE	OTHER COPIES ARE HELD BY:
	My Name: _____	Name: _____
	My Physician's Name: _____	Phone #'s: _____
	Physician's Phone #: _____	Name: _____
	COPIES ARE HELD BY:	Phone #'s: _____
	Name: _____	I ALSO HAVE A HEALTHCARE AGENT:
	Phone #'s: _____	Agent Name: _____
		Phone #'s: _____