

FUTURE PLANNING: A GUIDE FOR FAMILIES

PART 4: SUPPORTING MY DAILY AND MAJOR LIFE DECISIONS ABOUT ME

I...

- Am responsible for making my own legal decisions
- Have someone help me with decisions
- Have a guardian or conservator to make decisions for me
- Am under 18

Contact information as needed:

Full guardian?

- Yes
- No

Guardian name: _____ Phone: _____

Bake-up name: _____ Phone: _____

Partial legal guardian? Yes No

For what issues?: _____

Guardian name: _____ Phone: _____

Bake-up name: _____ Phone: _____

General power of attorney? Yes No

Power of attorney: _____ Phone: _____

Bake-up name: _____ Phone: _____

Is there any other legal arrangement to know about? Yes No

Contact Person: _____ Phone: _____

Where can these documents be found?: _____

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PART 4: SUPPORTING MY DAILY AND MAJOR LIFE DECISIONS ABOUT MY HEALTHCARE

Diagnosis(es): _____

Allergies: _____

Current medications: _____

Insurance Provider: _____ Phone: _____

Insurance Provider: _____ Phone: _____

Who is responsible for making decisions about my health care?

- I am (with or without help)
- Health care agent/Power of attorney

Contact Name: _____ Phone: _____

- Guardian

Do I have a patient advocate?

- Yes
- No

Patient Advocate name: _____ Phone: _____

Back-up name: _____ Phone: _____

Medical wishes in place:

- Plan of care
- Advanced directive
- Living will
- Do not resuscitate order
- Other (describe): _____

Where can these documents be found?: _____