

Wishes For My Care

Sample page 2- the actual form is four pages

PHYSICAL NEEDS / COMFORT CARE

Yes No

 Massage me or hold my hand

 I want to be free of pain

ENVIRONMENTAL PREFERENCES

Yes No

 Music - list your preferences:

 Aromas - incense, candles, scent defusers - which scents do you prefer?

REGARDING DEATH

Yes No

 I want to die at home

 I do not want to die alone