

Wishes For My Care

Please fill out this form in as much detail as possible. We have provided the following items to use as examples of ways in which you may want to be cared for if you cannot advocate for yourself. Please feel free to add your own wishes. Bear in mind that your wishes will be carried out to the best extent possible and that certain environments such as hospitals or nursing homes may have restrictions on what they can do.

Print Name			Date of Birth	Telephone Telephone	
Name	of Healthcare Ag				
Name	of Physician				
Life sus	JSTAINING CHOI staining treatme used to keep so No	nt refers to any	intervention, medical ہ	orocedure, or medication	
		n/Ventilator			
	Feeding	ube			
	Antibiot	CS			
	Surgery				
	Heart de	fibrillation/CP	PR		
	Blood tr	nsfusions			
	Dialysis				

HEROIC MEASURES

Yes No

I only want life-sustaining treatment if my doctor and another health care professional determine that there is a strong likelihood that I will recover.

I do not want any heroic measures but want to recover or die naturally

Do Not Resuscitate - you need to have this form, signed by you and your doctor. It should be on file with your medical provider with a copy at home



Wishes For My Care - page 2

INTERPERSONAL WISHES

Yes No

I wish for my family and caregivers to respect my wishes even if they don't agree with them

Have everyone speak as if I can hear them even if it seems like I am not alert or not processing the information

Tell me my medical status

Read to me - stories, poems

Tell me stories of healing

I want to have pictures of my loved ones visible to me

Pray for me - have others pray for me

Say words of love and encouragement

Remind me of my personal accomplishments and strengths

I want to be surrounded by love and good wishes

I want my pet to visit (or stay with) me

To have someone of my faith visit me (tell us your faith: _____

To have my loved ones advocate for me with the medical staff and to step in if they have concerns about any of the caregivers

PHYSICAL NEEDS / COMFORT CARE

Yes No

Put on lotion

Massage me or hold my hand

I want to be kept clean and warm

I want to be in my own bed clothes

I want to be free of pain



Wishes For My Care - page 3

ENVIRONME Yes No	ENTAL PREFERENCES					
	Music - list preferences:					
	Aromas - incense, candles, scent defusers - list preferences:					
	Flowers with scents - roses, gardenias, star-gazer lilies, jasmine - list preferences:					
Please write	e your own wishes (write legibly)					



Wishes For My Care - page 4

REGARDING DEATH

Yes No

I want to die at home

I want to die in the hospital

I do not want to die alone

After my death I want to be (check only one response)

I want my family and friends to remember me when I was strong and healthy

I want to forgive my loved ones for any pain or suffering during our life together and have them forgive me

I want my family and friends to look upon my death as a time of personal growth and transition for all of us, a time of joy and wonder, love and comfort and not sorrow

ORGAN DONATION

You may choose to donate all or part(s) of your body. Please go to this link for the Mayo Clinic's fact sheet on organ donation http://www.mayoclinic.com/health/organ-donation. Or to the federal government site on organ donation at http://organdonor.gov/donor/index.htm

BURIED	CREMATED	GREEN BURIAL		
The persor	n who knows my t	funeral wishes is:		
Name			DOB	Social Security Number
How to co	ntact them			
If anyone a	asks about how I v	vant to remembered	l, please say the	following: