Healthcare Planning Checklist

A Simple Guide to Planning Long-Term Care Before a Crisis

1. Personal Information

Full Name: _____ Date of Birth: _____

Emergency Contact Name: _____ Phone: _____

2. Healthcare Decision-Maker (Healthcare Proxy)

Name: _____ Relationship: _____ Phone: _____

☐ I have discussed my wishes with this person ☐ This person agrees to act on my behalf

3. My Care Preferences

What matters most to me (check all that apply):

☐ Comfort and quality of life ☐ Maintaining independence ☐ Staying at home as long as possible ☐ Receiving all possible medical treatments ☐ Limiting medical interventions ☐ Being surrounded by family ☐ Other: _____

4. Medical Treatment Preferences

If I am unable to make decisions, I prefer:

☐ All life-sustaining treatments ☐ Limited medical interventions ☐ Comfort-focused care only ☐ Additional notes: _____

5. Preferred Care Setting

If I need ongoing care, I would prefer:

☐ Care at home ☐ Assisted living ☐ Residential care home ☐ Nursing home (skilled nursing care) ☐ Hospice care ☐ Unsure / to be determined later

6. Important Notes or Wishes

_____

_____

7. Important Documents Checklist

☐ Advance directive completed ☐ Living will completed ☐ Healthcare proxy assigned ☐ Power of attorney (if applicable) ☐ Documents shared with family ☐ Documents shared with healthcare provider

8. Review and Updates (Healthcare decisions may change over time)

Signature: _____ Reviewed Date: _____