



ADVANCE HEALTH CARE PLANNING CHECKLIST

If you are feeling stuck at any point during this process of Advance Care Planning visit www.qualitylifeplanning.com

THINK AND LEARN

- I have thought about my wishes and values and how they may influence future health care decisions.
 - I have considered any current health issues and decisions that may need to be made.
 - I have reflected on previous experiences with my own health or of others and how this may impact future health care choices for myself.
 - I have sought out information on advance care planning terms and medical procedures (such as resuscitative measures, breathing tubes, artificial feeding, and life sustaining measures)
 - I have contemplated what quality versus quantity of life means to me.
 - I have considered organ and tissue donation.
 - I have considered housing options as I age.
 - I have done an environmental scan to determine if I could remain in my home as I age.
 - I have considered my personal hygiene preferences and how I wish others to care for me.
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DECIDE AND START THE CONVERSATION

- I have chosen who will make medical, shelter and personal decisions on my behalf if I am not able to make these decisions by myself. This person will be my Substitute Decision Maker.
 - I have identified an alternate person in case my first choice is unable to fulfill this role.
 - I have discussed my health, shelter, and personal care preferences with my Substitute Decision Maker and those closest to me including my health care professionals.
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DOCUMENTING MY WISHES

- I have completed the process of advance care planning and documented my wishes in Advance Health Care Directives
- I have appointed a Power of Attorney for Personal Care to be my Substitute Decision Maker.
- I have provided my Power of Attorney for Personal Care a copy of my Advance Health Care Directives.
- I have provided a copy of my Advance Health Care Directives to my POA for personal care and property, significant family members, and my primary health care provider.



INFORMATION: URGENT MATTERS AND AFTER DEATH

- Estate Planning Documents: Will, Trustee, Power of Attorney for Property, and Power of Attorney for Personal Care
- Advance Health Care Directive, Living Will, Special Medical Instructions
- List of prescription medications
- Business succession planning
- Bank accounts /Investment /Retirement Savings Accounts/Lock Box
- List of valuables and location: jewelry, artwork, vehicles
- Social Insurance Number, OHIP number, Driver's License
- Insurance policies: life, home, health, car, etc.
- House deed and mortgage account
- Last and current years tax return, CRA password and security questions
- Social media accounts and passwords.
- Passwords: bank, computer, health charts, cloud storage, utility bills
- Do Not Resuscitate Confirmation Form (if applicable)
- Pet arrangements, immunizations and Veterinarian contact information.
- Organ and tissue donation.
- Charitable organizations for donations
- Funeral arrangements and/or wishes for celebration of life.
- Contact names and phone numbers: Lawyer, Doctor, Financial Advisor, Accountant, Pharmacist, significant others.