

Advance Care Planning Review for Patients

If you have already completed advance medical, legal, and financial planning for your future care, your Care Team Navigator (CTN) would be happy to review these plans with you. Please read the list below to see if there is anything you might want to talk to your CTN about.

Medical Planning

Choosing an Agent:

- ☐ I have chosen someone (a health care agent) to make medical decisions for me in the future if I am no longer able to do so myself. This health care agent is named in one of the following forms:
 - Durable Power of Attorney for Health Care
 - Advance Health Care Directive
- ☐ The person I chose to be my agent knows they have this responsibility and they are still willing and able to fulfill this role.

If any of the above is not true for you, or you are not sure, see the “Planning for Health Care Decisions” handout and talk to your CTN.

Letting Others Know What You Would Want:

- ☐ I have a document that describes the kind of medical care I would or would not want if I can no longer make these decisions myself.
 - This document is called one of the following: Advance Directive, Living Will, POLST/IPOST, DNR, Care Ecosystem Goals of Care.
 - This document still reflects my wishes.
- ☐ My health care agent knows about these wishes and has a copy of this document.
- ☐ My primary care doctor and others involved in my care know about these wishes and have a copy of this document
- ☐ My health care agent and I are both aware of what happens in the later stages of dementia and the kinds of medical decisions that may need to be made for me in the future.

If any of the above is not true for you, or you are not sure, see the handouts called “Planning for Health Care Decisions”. Your CTN can also send you a handout called, “Advanced Dementia: A Guide for Families.” If you have any questions, please talk to your CTN.

Financial and Legal Planning

Choosing a Fiduciary:

- ☐ I have chosen someone (a fiduciary) to make financial and legal decisions for me in the future if I am no longer able to do so myself. This fiduciary is named in one of the following forms:

- Durable Power of Attorney for Finances
- Living Trust

The person I chose in this document knows they have this responsibility and is willing and able to fulfill this role.

OR

- ☐ I have a guardian/conservator that the judge said could make financial decisions on my behalf.

My fiduciary (the person I chose or my guardian/conservator) understands which decisions he/she can and cannot make on my behalf.

If none of the above are true, or you are not sure, see the handout called “Who Can Make Financial Decisions for Me?” and please talk to your CTN.

Paying for Future Care Needs:

- ☐ I understand the long term care needs I might have in the future, the types of care that may be available for me, and how I or my family might pay for that care.
- ☐ I have made financial and legal plans to pay for these future care needs.
- ☐ I have made plans for where I want to live if for some reason I can no longer live at home, including how to pay for it.
- ☐ I am confident my fiduciary is willing and able to carry out the plans I made for the future.

If any of the above is not true for you, or you are not sure, please talk to your CTN.