



Checklist for Communicating Clearly with your Doctor

My Name: _____

Date: _____

Appointment With: _____

Part I: Information I want to give my doctor:

My health care goals and priorities (especially any changes since my last visit): _____

My advance directives (especially any changes since my last visit): _____

- ✓ CPR (Emergency steps to restart my heart and breathing if they stop)
- ✓ Forms of treatment if I were terminally ill or in a permanent coma
 - chemotherapy/radiation
 - blood transfusions
 - kidney dialysis
 - respirator/ventilator
 - tube or IV feeding, water
 - antibiotics
 - other
- ✓ Organ donation
- ✓ Hospice care if I had a terminal illness

I would want	I would not want	I'm not certain

Other Concerns About Advance Directives:

Part II: Questions I want to ask; concerns I want to discuss:

1: _____

2: _____

3: _____

4: _____

Part III: Information my doctor is giving me:

1: _____

2: _____

3: _____

4: _____
