Advance Care & Healthcare Wishes

Planning Your Care Preferences and Ensuring Your Wishes Are Honored

This checklist helps you document your healthcare values, appoint decision-makers, and prepare for possible future medical situations. Completing it now gives you control and relieves loved ones of guesswork during difficult times.

WHAT'S INSIDE THIS CHECKLIST
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Section 2 — Key Medical Information
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Section 4 — End-of-Life & Comfort Care Wishes
Section 5 — Communication & Distribution

SECTION 1 — CORE ADVANCE DIRECTIVES

Advance directives are the foundation of your healthcare plan. These documents speak for you when you cannot speak for yourself — ensuring your wishes are followed even if you are unable to communicate them.

☐ **Complete a Living Will / Advance Healthcare Directive**

Document your wishes for life-sustaining treatments including CPR, ventilator use, feeding tubes, and dialysis.

☐ **Appoint a Healthcare Power of Attorney / Healthcare Proxy**

Name your primary and a backup agent who is authorized to make medical decisions on your behalf.

☐ **Discuss your wishes with your proxy and family**

Make sure the people you've appointed understand your values and preferences — not just the paperwork.

☐ **Complete a POLST / MOLST form if appropriate**

POLST (Physician Orders for Life-Sustaining Treatment) or MOLST (Medical Orders for Life-Sustaining Treatment) — more specific than a living will, this form is completed with your physician and is appropriate if you have a serious illness or advanced age.

☐ **Sign a HIPAA Authorization**

Allows your loved ones and named agents to speak directly with your doctors and access your medical records.

Notes

SECTION 2 — KEY MEDICAL INFORMATION

Having your medical information organized and accessible is critical in an emergency. This section ensures caregivers and family members have what they need, when they need it.

☐ **Create an up-to-date medication list**

Include name, dosage, reason for taking, and the prescribing doctor for each medication.

☐ **List all current doctors and specialists**

Include names, specialties, phone numbers, and addresses.

☐ **Compile your medical history**

Major illnesses, surgeries, allergies, blood type, and any hereditary conditions.

☐ **Note any implanted devices**

Pacemaker, defibrillator, joint replacements — include device details and whether/when they should be

☐ **Gather recent records and insurance cards**

Collect recent lab results, hospital records, and health insurance cards in one accessible location.

Notes

SECTION 3 — LONG-TERM CARE & LIVING SITUATION PREFERENCES

Planning ahead for long-term care protects your savings and ensures you receive the level of care you prefer — on your terms, not in a crisis.

☐ **Decide preferences for future living arrangements**

Stay at home with care, assisted living, memory care, nursing home, or living with family — document your preference and any conditions.

☐ **Explore long-term care funding options**

Review LTC insurance, hybrid life/LTC policies, Medicaid planning, and personal savings strategies.

☐ **Review Medicare, Medigap, and Medicare Advantage coverage**

Understand what is covered and where the gaps are — especially for long-term or custodial care.

☐ **Consider home modifications or in-home care services**

Ramps, grab bars, stair lifts, or home health aides may allow you to remain at home longer.

Notes

SECTION 4 — END-OF-LIFE & COMFORT CARE WISHES

Documenting your comfort care preferences removes the burden of these decisions from your loved ones during an already difficult time.

☐ **Express wishes for pain management and palliative care**

Specify your preferences for comfort-focused care even if it means forgoing curative treatment.

☐ **Document hospice care preferences**

When hospice care is appropriate, where it should occur, and any specific providers you prefer.

☐ **Specify preferred location of death**

Home, hospital, hospice facility, or another setting — let your loved ones know your preference.

☐ **Address organ/tissue donation and autopsy preferences**

Register as a donor if desired and document your wishes clearly for family members.

☐ **Address artificial nutrition, hydration, and antibiotics**

Specify your preferences for these interventions at end of life.

☐ **Document religious, spiritual, or cultural preferences**

Any rituals, practices, or restrictions that should be honored during your care.

☐ **Consider DNR / DNI orders if appropriate**

Do Not Resuscitate / Do Not Intubate orders should be completed with your physician and kept accessible.

Notes

SECTION 5 — COMMUNICATION & DISTRIBUTION

Your advance directives are only effective if the right people know they exist and can access them when needed.

☐ **Share copies of your advance directives**

Provide copies to your healthcare proxy, primary doctor, specialist(s), family members, and attorney.

☐ **Tell at least 2–3 trusted people where your documents are stored**

Including both physical and digital copies — and make sure they know how to access them.

☐ **Include healthcare wishes in your Family Information Letter**

Reference your directives and key contacts in your Family Information Letter so everything is centralized.

☐ **Review and update every 2–3 years or after major changes**

Health conditions, family situations, and personal preferences can change — keep your documents current.

Notes

LEGAL NOTICE

Legal & Medical Notice

This checklist is provided for informational purposes only and does not constitute legal or medical advice.

Advance directives must be properly executed according to your state's laws. Consult an estate planning attorney and your physician for guidance specific to your situation. The Thomas Prouse Agency can help coordinate the insurance and financial protection pieces that support your healthcare plan.

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Schedule a Free Consultation