

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): _____

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

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: _____
