GETTING STARTED
A Checklist for Advance Care Planning

☐ Use the Conversation Project Toolkit
theconversationproject.org
☐ Think about what you want
☐ Plan when and how to talk to your loved ones about what you want and any questions or concerns they have.
☐ Decide who you want as a healthcare agent

☐ Talk to your healthcare agent
☐ Tell them about your wishes and the responsibility of a healthcare agent
☐ Obtain their agreement, and discuss any concerns or questions they have about supporting your wishes
☐ Fill out the form “Appointment of Healthcare Agent” (FMH Advance Directive – Part A)

☐ Two people need to witness your signature and sign the document. Your Healthcare Agent cannot be a witness.
☐ The document does not need to be notarized and you do not need an attorney.

☐ Store the original signed and witnessed documents in a safe place with other important documents, such as your birth documents and your will, and tell someone where you keep them.

☐ Keep a signed and witnessed copy of your Advanced Directive, Part A and Part B:
☐ In a place where Emergency Medical Staff or friend could find it (on the side of the fridge, for example)
☐ In the Glove Compartment of your vehicle
☐ With your dated list of medications

☐ Deliver a signed and witnessed copy of your Advanced Directive to:
☐ Family members and friends who would be contacted about your care
☐ Your Healthcare Agent
☐ Your Doctor(s), to keep with your records.
☐ Any hospital where you receive care, for storage with your records.

☐ Put a card in your wallet that says you have an Advanced Directive, along with a person to contact in the event of an emergency and their phone number.

Cut Out, Fill Out and Keep!

I HAVE AN ADVANCE DIRECTIVE
My Name: ______________________________
My Physician’s Name: __________________________
Physician’s Phone #: ______________________________

COPYES ARE HELD BY:
Name: ______________________________
Phone #: ______________________________

OTHER COPIES ARE HELD BY:
Name: ______________________________
Phone #: ______________________________

I ALSO HAVE A HEALTHCARE AGENT:
Agent Name: ______________________________
Phone #: ______________________________