Figure 1: End-of-Life Wishes Worksheet

Wishes for End of Life

- *Survey for patients to find out what's most important for them done in service of research and drafting of an advanced directive.*

This is not a legal document but gives you an opportunity to write down important things about yourself and your wishes for end of life. You can say what you would like to happen if you are seriously ill and how you want things to be handled before and after you die. A copy of this paper should be kept with your other important papers. You may want to give a copy to a trusted friend, family member or doctor and also discuss it with them.

- What I am most proud of in my life.
- How I want to be remembered.
- What is most important to me about how I am cared for at or near the end of my life.
- Fears I have about being seriously ill or dying.
- Spiritual or religious beliefs and traditions that are important to me.
- Religious rites or ceremonies that I would want performed when I am dying or have died.
- List anyone you would want to have contacted to assist with your spiritual needs if you are seriously ill.
- Wishes about what happens to your body (burial or cremation) and where you would want to be buried or have your ashes stored, if possible.
- Would you want to have a memorial service? If so, please describe anything that you would like to include such as music, readings or other specific requests.
- People you want to be contacted in case of serious illness or death:
- People you do not want to be contacted in case of serious illness of death:
- Do you have a will or any specific directions about what you want to happen to your personal belongings? If you have a will, where is it located?
- Other comments:

Figure 2: UCLA Advance Directive Form (pp. 1-2 of 12)

California Advance Health Care Directive

This form lets you have a say about how you want to be treated if you get very sick.

This form has 3 parts. It lets you:

Part 1: Choose a medical decision maker.

A medical decision maker is a person who can make health care decisions for you if you are too sick to make them yourself.

Part 2: Make your own health care choices.

This form lets you choose the kind of health care you want.

This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.

Part 3: Sign the form.

It must be signed before it can be used.

You can fill out Part 1, Part 2, or both.
Fill out only the parts you want. Always sign the form in Part 3.
2 witnesses need to sign on page 11 or a notary public on page 12.

YOUR NAME: _____

1

California Advance Health Care Directive

If you only want to name a medical decision maker go to Part 1 on page 3.

If you only want to make your own health care choices go to Part 2 on page 6.

If you want both then fill out Part 1 and Part 2.

Always sign the form in Part 3 on page 9.
2 witnesses need to sign on page 11 or a notary public on page 12.

What if I change my mind?

- Fill out a new form.
- Tell those who care for you about your changes.
- Give the new form to your medical decision maker and doctor.

What if I have questions about the form?

Ask your doctors, nurses, social workers, friends or family to answer your questions. Lawyers can help too.

What if I want to make health care choices that are not on this form?

Write your choices on page 9.

Share this form and your choices with your family, friends, and medical providers.

2

Figure 3: UCLA Go Wish Worksheet

Go Wish Worksheet

This Go Wish Worksheet is a tool to help you think about how you want to be treated if you become seriously ill. There are 35 descriptions of things that people have often said are important to them when they were very sick or dying. The descriptions capture how people want to be treated, who they want near them, and what matters to them. The "Wild Card" is an opportunity for you to choose something important to you that isn't listed here.

	Very Important	Somewhat Important	Not Important	My comments
Not dying alone.				
To have someone who will listen to me.				
To be free from pain.				
To be free from anxiety.				
To say goodbye to important people in my life.				
Not being a burden to my family.				
To be mentally aware.				
Not being short of breath.				
To be kept clean.				
To have human touch.				
To die at home.				
To be able to talk about what scares me.				
To be able to talk about what scares me.				
To have my financial affairs in order.				
To be able to talk about what death means.				
To have my funeral arrangements made.				

Figure 4: UCLA "Pocket" Advance Directive

IMPORTANT NOTICE TO EMERGENCY MEDICAL PERSONAL

My name is _____

My date of birth _____

☐ I have completed an Advance Health Care Directive.
☐ I wish to be an organ donor.
☐ I have a pre-hospital DO NOT RESUSITATE (DNR) form.

In the event of an emergency please contact

1. Name: _____
   Phone # _____
2. Name: _____
   Phone # _____
3. Name: _____
   Phone # _____

I have received services in the past at (check off all that apply)
☐ Venice Family Clinic
☐ OPCC
☐ St. Joseph's Homeless Center
☐ VA
☐ Southern California Hospital at Culver City (previously Brotman Medical Center)
☐ St. John's Medical Center
☐ Marina del Rey Hospital

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