

# MY ADVANCE CARE PLAN

Equity in Palliative Approaches to Care (ePAC) is a collaborative of organizations and people working to promote palliative approaches to care in the inner city. This tool was made in collaboration with Victoria's Palliative Outreach Resource Team (PORT).

For more information, please visit: [www.equityinpalliativecare.com](http://www.equityinpalliativecare.com)



## Personal Information

First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Mobile #: \_\_\_\_\_

Email address: \_\_\_\_\_

Health card number: \_\_\_\_\_

## My Substitute Decision Maker(s)

I have discussed my wishes for future healthcare with the people listed below. In the event I can't speak for myself, I'd like the following people to make health care decisions on my behalf:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

I have also discussed my wishes with the following people/care providers:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact info: \_\_\_\_\_

They have a copy of my care plan

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact info: \_\_\_\_\_

They have a copy of my care plan

**I would like the following people to be notified if there is a significant change in my health:**

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**My life matters and my death matters.  
These are my choices.  
Let's make sure people who care about me  
know what is most important.**

I consent to the release of the personal information contained in this Advance Care Planning Document by any person named in this document and by any person providing social, medical or healthcare services to me, for the purposes of providing those services or achieving my wishes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## My Wishes for at End of Life

**1. What do I value most in terms of my mental and physical health? If I became ill, would I want to live as long as possible? Would I want to avoid machines and medical procedures that keep me alive, but don't make my life better? Other examples: having my pain be in control, making connections with my chosen family, etc.**

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**2. What abilities are so critical to my life that I can't imagine living without them? For example, being able to live on my own, being able to communicate with others, being able to use substances, etc.**

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**3. When I think about death, I worry about certain things happening. For example, struggling to breathe, being in pain, being alone, losing my dignity, concerns for my family or pets, etc.**

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**4. If I were nearing death, what would I want to make the end more peaceful for me?** For example, chosen family and friends nearby, dying in my place of choice, knowing that my pets and belongings were cared for, having spiritual rituals performed, reconnecting with family I haven't seen in a while.

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**5. Do I have any spiritual or cultural practices that affect my care at the end of life?** For example, beliefs about the use of certain medical procedures, connection to Indigenous elders and ceremonies, special consideration for my care?

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**6. Other wishes and thoughts about end of life or after death planning.** Write down anything that would help others understand and support your wishes.

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## 7. Three things I want to do before I die:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## 8. Other things to think about:

What are my plans for my belongings? Where possible, include full names, chosen names, and contact information (use the next page if extra space is needed).

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How and where do I want my pets cared for?

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Do I want to be an organ donor?

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Do I want cremation or burial?

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How do I want to be remembered?

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This document is meant to get you thinking. If you have dependents, larger assets or property, or want to name someone to make financial or healthcare decisions for you, you may want to get legal support. Please speak with your healthcare provider for more information.

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Use this page as extra space for your thoughts.

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