

## Patient Values and Goals for Healthcare

We acknowledge that every patient has a right to have his or her personal values and goals of care known and respected. We will work with each patient to plan care to match their values and goals. Should a patient's

values and goals change over time, we will support these changes through the care we provide. Please share with us how valuable each concern is to **you**.

How valuable is it to me to...	Unsure	Not Valuable	Somewhat Valuable	Very Valuable
have freedom from pain, even if it takes strong medication (which could impair my ability to think clearly) to bring about acceptable relief?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
be able to sleep well and wake up feeling rested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
be able to move about freely, with little or no dependence on others or supportive equipment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
be able to express my sexuality with my partner in a way that is pleasing to me?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
know that I am not a burden to my family, friends, or helpers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
choose who will make medical decisions for me, if I am unable to make decisions for myself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
choose where my medical care occurs when I am nearing end of life, i.e., at home, in the hospital, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have nutritional intake, even if I am unable to eat by chewing and swallowing, i.e., feeding through a tube?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
be able to get deep breaths, even if I require help from a breathing machine, i.e., mechanical ventilation or life support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
be told by my physician when I am dying?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### In your own words, please share those things that you characterize as "living well."

**What gives my life its meaning and purpose?**

**What will help me most to live well at this point in my life?**

Please contact me about scheduling a time to have more discussion about my feelings and preferences for my care. This could include a medically appropriate discussion about advance care planning.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

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