

# GETTING STARTED

## A Checklist for Advance Care Planning

- Use the Conversation Project Toolkit**  
[theconversationproject.org](http://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)
- Document your wishes in your Advance Directive** (FMH Advance Directive – Part B)
  - 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!*

<b>INFORMATION ON MY ADVANCE DIRECTIVE</b>	<b>I HAVE AN ADVANCE DIRECTIVE</b>	<b>OTHER COPIES ARE HELD BY:</b>
	My Name: _____	Name: _____
	My Physician's Name: _____	Phone #'s: _____
	Physician's Phone #: _____	Name: _____
	<b>COPIES ARE HELD BY:</b>	Phone #'s: _____
	Name: _____	<b>I ALSO HAVE A HEALTHCARE AGENT:</b>
	Phone #'s: _____	Agent Name: _____
		Phone #'s: _____