



What Matters Most to Me

Preparing for Conversations About My Health

Wishes of: _____

Expressed by: _____

Written by: _____

Date: _____

Vancouver Coastal Health (VCH) and Providence Health Care (PHC) encourage you to voice your wishes about your care in conversations with your health care providers, particularly if you have a serious health condition. We provide these questions to guide you in expressing how you would like to be cared for if your health were to change. We encourage you to share your answers with your health care teams and the people you care about, including if you visit a hospital. You are also encouraged to consider completing your advance care plan.*

This is my understanding of my current health condition(s):

I want more information about what is likely ahead with my health condition: Yes No
Some questions I have about my health condition include:

If my health were to worsen, these are my most important goals or the things that are most important to me:

These are my biggest fears and worries about the future with my health:

This is what gives me strength as I think about the future with my health:



These are the everyday abilities that are critical to me and that I would find unacceptable to live without (e.g. walking without help, bathing myself, eating by mouth, talking, thinking clearly, living in your own home, etc...):

If my health were to worsen, this is what I would be willing to go through for the possibility of more time (for example: tests, treatments, hospital stay, CPR, etc.):

These family members/friends are aware of my wishes:

The person that I would want to make medical decisions for me if I could not speak for myself would be (name, relationship):

These questions are intended to help you prepare for conversations with your health care providers and/or your loved ones. These questions are also an important part of advance care planning - thinking about and sharing your wishes for care in the future if you can no longer speak for yourself.

I have documented my wishes in an advance care planning document

Representation Agreement

Advance Directive

Other: _____



You are invited to provide a copy of this, and your other advance care planning documents, to your care team and loved ones.

*For more information about Representation Agreements, Advance Directives and other aspects of advance care planning, please visit www.vch.ca/acp or www.advancecareplanning.ca



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Making better decisions together with patients and families