A PERSONAL PLANNING BOOKLET

Just So *We Have It*

A gentle, practical place to gather the information, wishes, and guidance that will help the people who love you.

This booklet is an act of care. It brings together everything someone helping you would need: a quick-reference guide for stressful moments, a place to record contacts, wishes, and instructions, care preferences for a range of medical situations, and a list of documents worth preparing with a lawyer and doctor.

THIS BOOKLET BELONGS TO

_____

DATE PREPARED

_____

LAST UPDATED

_____

Dear friend,

I hope this is helpful for you and your loved ones. I created this packet after going through the end of life with my father, and now navigating my mother's care through advanced Alzheimer's.

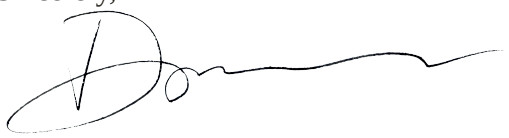
One parent had not planned or specified anything. The other had everything in a folder, with all the appropriate documents, notarized and in the hands of the professionals who needed them, before they were needed. Neither knew when or how something would happen, but my mom took the time to put her packet together and give it to me on what felt like an overly depressing and far-too-soon conversation.

Now, I see that it was one of the greatest acts of love she could have done. I have referred to that folder often, used the DPOA documents to manage finances and healthcare decisions, and even received reassurance on big decisions personally, from the lawyer who helped her assemble the legal documents. He said, "She loves you. She trusts you. This is why she made these decisions, so you could make the decisions you felt were right, when the time came."

These choices come when people have the fewest emotional and mental resources. The right time to make the decisions is *before* the crisis, when more rational minds — and wise counsel — prevail.

I know it is hard to consider these questions *now*, and we all feel like there will be "a better time" sometime in the future. But getting this done *now*, and giving it to your loved ones, is the greatest act of love you could express.

Sincerely,



Danielle Vincent

Daughter, Dog Mother, Friend

P.S. Please encourage your friends and family to fill this out. Additional copies are available for free at JustSoWeHaveIt.com.

The greatest gift you can give your loved ones is the clarity of your wishes and the simplicity of finding what matters.

This booklet is meant to work alongside your legal and medical documents — not to replace them. Set aside 30 to 90 minutes to fill it in at one time. Keep originals in a more secure place. Share copies only with the people who would truly need them. Use what is helpful, and leave out what is not.

CONTENTS

What's Inside

Part One · The Planning Workbook

Welcome 5

Start Here — Find What You Need Quickly 6

Short-Term Needs: Respite Care Checklist 7

Personal Information and Key Contacts 8

Legal Documents and Decision-Makers 10

Financial, Property, and Insurance Overview 11

Digital Life and Practical Logistics 12

Wishes and Guidance 14

Signature and Acknowledgment 15

Part Two · If I Cannot Speak for Myself

Introduction 17

General Directive 19

General Directive — Specific Situations 22

Dementia Directive — Stage 1, Early Stage 25

Dementia Directive — Stage 2, Middle Stage 27

Dementia Directive — Stage 3, Late Stage 29

Personal Values, Decision-Maker, and Acknowledgment 32

Part Three · Documents to Prepare With Professionals

An Overview Before You Begin 35

To Talk Through With an Attorney 36

To Talk Through With a Doctor 38

PART ONE

The Planning Workbook

A practical guide to what exists, what matters, who to call, and what to do first, gathered in one place for the people who may one day need to help.

A CARING PLANNING WORKBOOK

Welcome

This is a practical guide to what exists, what matters, who to call, and what to do first.

WHY THIS MATTERS

It can spare the people around you from having to guess what you wanted, search blindly for important information, or make urgent decisions without enough context.

It can also help in many different situations: a sudden illness, an accident, a hospitalization, a long decline, a period of incapacity, or the practical tasks that follow a death.

A NOTE ON PRIVACY

Because this may be copied, printed, or shared with trusted people, it is designed to be privacy-conscious. It is usually better to list institutions, contacts, and document locations here rather than passwords, access codes, or full account numbers.

HOW TO USE IT

- Set aside 30 to 90 minutes and fill it in at one time. A partial booklet is harder for others to use than a fully completed one.
- Review it after major changes in health, relationships, finances, home, or pets.

Start Here

This page is meant to help someone quickly find the right section in a stressful moment. The goal is not to read everything at once — it is to get oriented, find the relevant page, and take the next right step.

IF THIS IS HAPPENING, GO HERE

Situation	Where to go
This is a life-threatening emergency.	Dial 911 immediately.
I need to make sure children, pets, or other dependents are cared for first.	Emergency contacts on page 8.
I suspect something is wrong but I cannot get there.	Call the neighbors or other emergency contacts on page 8.
I need someone to step in for childcare or pet care while I respond.	Emergency caregiver contacts on page 8.
A non-urgent medical procedure is coming up and the DPOA needs to submit paperwork in advance.	Contact the attorney on page 9 about the durable power of attorney; contact the primary care physician on page 9 to file the HIPAA authorization.
My loved one is showing signs of cognitive impairment, or has been diagnosed with dementia.	Review the Dementia Directive on page 24.
There has been a serious accident or sudden illness, and I need to understand care preferences.	Review the General Directive on page 19.
A loved one has died unexpectedly.	Review the wishes, memorial preferences, and storage notes on page 14.

A NOTE FOR ADULT CHILDREN AND OTHER FAMILY CAREGIVERS

It is very common to feel overwhelmed, guilty, or unsure where to begin. If that is where you are, start by making sure dependents are safe, then find legal authority, then handle the most urgent practical needs. You do not have to solve everything in one sitting.

Short-Term Needs: Respite Care Checklist

WHAT RESPITE CARE IS

Respite care is short-term care given by qualified professionals — at an adult day program, a care facility (assisted living facilities often have furnished respite apartments for this purpose — call and see what is available), or sometimes at home. It can serve two equally important purposes: giving the person receiving care a higher level of skilled attention during a temporary need (recovery from a fall, an illness, a medication adjustment, a period of increased confusion), and giving the primary caregiver a break.

A short stay in a facility is often the kindest choice for everyone involved. Family members and partners are usually not trained to provide the level of care a facility can, and a facility stay can mean better care for the person and a sustainable rhythm for the family.

IF RESPITE CARE IS BEING CONSIDERED

- [ ] Reach out to the doctor, social worker, or care coordinator to learn what options are available locally.
- [ ] Gather medications, routines, mobility needs, food needs, and any calming information.
- [ ] Share what helps the person feel safe and what tends to cause distress.
- [ ] Use the Contacts and Medical sections of this booklet so the receiving team has what they need.

NOTES: _____

IF THERE IS A SUDDEN HOSPITALIZATION OR EMERGENCY

- [ ] Start with key contacts, legal authority, medication lists, and insurance information.
- [ ] Bring or locate comfort items, hearing aids, glasses, mobility aids, and familiar information if dementia is involved.
- [ ] Notify the backup caregiver, pet caregiver, and anyone who needs to handle the home or mail.

NOTES: _____

WHEN MORE SUPPORT IS NEEDED

- [ ] Ask for help earlier than feels comfortable. Waiting until everyone is exhausted usually makes decision-making harder.
- [ ] Talk with the doctor or care team about what level of care will best support the person now.

NOTES: _____

Personal Information and Key Contacts

FULL LEGAL NAME

PREFERRED NAME

DATE OF BIRTH

CURRENT ADDRESS

PEOPLE TO CONTACT FIRST

Name	Relationship	Phone or email	Notes

DEPENDENTS AND EMERGENCY CAREGIVERS

If something happens to me, these are the people who can step in immediately for the children, pets, or others in my care. Make sure each one has a key and knows how to reach the others.

Who needs care	Emergency caregiver	Phone	Notes (location, routine, allergies)

IMPORTANT CONTACTS

Role	Name	Phone or email	Notes
Primary doctor			
Attorney			
CPA or tax preparer			
Financial adviser or wealth manager			
Insurance agent or broker			
Neighbor, building contact, or trusted local person			

Legal Documents and Decision-Makers

List whether each document exists, who is named, and where the original or most current copy can be found.

LEGAL DOCUMENTS

Document	Exists?	Primary person named	Where it is kept
Will			
Trust			
Financial power of attorney			
Healthcare power of attorney			
Advance directive or living will			
POLST or similar medical orders			
Funeral, memorial, or disposition instructions			
Letter of instruction			

DECISION-MAKERS AND BACKUP PEOPLE

Role	Name	Phone or email	Backup person
Healthcare agent			
Financial agent			
Executor or personal representative			
Trustee			
Funeral or memorial point person			
Pet caregiver			

Financial, Property, and Insurance Overview

This page is meant for institutions, contacts, and document locations. Unless this is stored securely, avoid using full account numbers here.

FINANCIAL ACCOUNTS AND INSURANCE

Institution or company	Type	Contact or adviser	Notes
	Bank or credit union		
	Brokerage or retirement account		
	Pension or annuity		
	Mortgage, lender, or loan		
	Credit card		
	Life insurance		
	Home, renters, auto, or umbrella insurance		
	Long-term care insurance		

PROPERTY AND HOUSEHOLD MATTERS

Item	Information	Where papers, keys, or details are kept
Home or other real estate		
Vehicle titles		
Safe deposit box or home safe		
Storage unit		
Recurring bills or autopay items		

Digital Life and Practical Logistics

DIGITAL ACCOUNTS AND DEVICES

Rather than passwords, list what exists and where secure access instructions are stored.

Account or device	Purpose	Where access information is stored	Notes
Email account			
Phone or carrier account			
Apple or Google account			
Computer, tablet, or phone			
Cloud storage or photo storage			
Social media, website, or domain			

PASSWORD MANAGER

A password manager is the single most useful tool for digital preparedness. Services like 1Password, Bitwarden, and LastPass all offer "emergency access" or "legacy contact" features — a designated person can request access to all accounts after a waiting period, without you ever having to share passwords directly. Setting this up once solves a huge problem in advance.

PASSWORD MANAGER I USE

_____

EMERGENCY CONTACT NAMED IN IT

_____

IMPORTANT PRACTICAL DETAILS

Item	Contact or location	Notes
Spare keys		
Alarm, gate, or building access		
Housekeeper, landscaper, property manager		
Neighbor who would notice a problem		

Wishes and Guidance

WHAT MATTERS MOST

_____

_____

_____

WHAT I WANT PEOPLE TO KNOW IF I AM SERIOUSLY ILL OR UNABLE TO SPEAK FOR MYSELF

_____

_____

_____

PREFERENCES FOR MEMORIALS, FUNERALS, OR DISPOSITION

_____

_____

_____

WHERE THE MOST SENSITIVE INFORMATION IS STORED

Passwords or secure digital access: _____

Original documents: _____

Additional notes:

_____

_____

Signature and Acknowledgment

This document was assembled as an act of care for the people who may one day need to help with my health, daily life, practical affairs, or decisions made on my behalf.

It reflects my effort to gather important information, identify the people and documents that matter, and make things easier for those I love when the time comes. While this document may not be legally binding on its own, it is meant to communicate my wishes, priorities, and understanding of what I have included here.

By signing below, I am acknowledging that this booklet was prepared by me, or at my direction, and that to the best of my knowledge the information in it reflects my intentions at this time.

PRINTED NAME

_____

SIGNATURE **DATE**

_____ _____

OPTIONAL NOTE TO FAMILY OR TRUSTED PEOPLE

_____

_____

_____

_____

PART TWO

If I Cannot Speak for Myself

Two personal directives — one for general medical situations, one for the stages of dementia — written in calmer times, to guide loved ones when communication becomes difficult.

TWO DIRECTIVES OF CARE PREFERENCES

Introduction

A personal statement of care preferences for situations in which I cannot speak for myself — including general medical situations and the stages of dementia.

NAME

DATE PREPARED

PREPARED BY (OPTIONAL)

UPDATED ON

WHY THIS MATTERS

If illness, injury, or cognitive decline ever leaves me unable to speak for myself, the people closest to me may be asked to make decisions on my behalf. These pages are my attempt to write down what I would want, so they have something to lean on.

Writing this out in calmer times can reduce family conflict, ease guilt for decision-makers, and reassure everyone that choices are grounded in my own words and priorities.

This document is not legally binding on its own unless it is incorporated into formal legal or medical planning, but it can still serve as an important guide for those making day-to-day and medical decisions.

WHAT'S IN THIS SECTION

- **General Directive** — preferences for medical situations like sudden illness, accident, coma, or terminal illness, where dementia is not the primary issue.
- **Dementia Directive** — preferences for the early, middle, and late stages of dementia, since needs and choices often shift as the condition progresses.
- **Personal Values and Guidance** — a brief space to record what matters most, what I want to avoid, and what brings me comfort.

HOW TO USE THESE DIRECTIVES

- Fill in what feels right; leave any category blank that doesn't.
- Sign and date each page so it's clear which version reflects current wishes.
- Share copies with close family, the medical decision-maker, and clinicians involved in ongoing treatment.
- Update whenever wishes change.

General Directive

Preferences for medical situations like sudden illness, accident, coma, or terminal illness, where dementia is not the primary issue.

General Directive

If illness, injury, coma, or another medical situation leaves me unable to communicate, these are my preferences for the most common life-sustaining decisions. They are intended to apply when dementia is not the primary cause of incapacity. (For dementia-specific preferences, see the next section.)

Check the option in each category that best reflects my wishes. Use the "Notes" line under any section to add detail or additional preferences. You can also leave a category blank.

CPR AND RESUSCITATION

- ☐ Yes, attempt CPR
- ☐ Yes, but only if recovery to a quality of life I would find acceptable is likely
- ☐ Do not attempt CPR (DNR)

NOTES: _____

MECHANICAL VENTILATION (BREATHING MACHINE)

- ☐ Use it for as long as needed
- ☐ Use it short-term only, if there is a clear path to recovery
- ☐ Do not use mechanical ventilation

NOTES: _____

FEEDING TUBE AND ARTIFICIAL NUTRITION

- ☐ Use a feeding tube if I cannot eat
- ☐ Short-term feeding tube only, if there is a clear path back to eating
- ☐ Hand-feed me as long as I can swallow safely; no feeding tube
- ☐ Do not provide artificial nutrition or hydration

NOTES: _____

ANTIBIOTICS FOR INFECTION

- [ ] Use antibiotics to treat infections
- [ ] Use only if they are likely to improve comfort or function
- [ ] Do not use antibiotics

NOTES: _____

HOSPITALIZATION

- [ ] For every health concern
- [ ] Only when medically necessary
- [ ] Comfort care only — for things like broken bones or severe pain
- [ ] Avoid hospitalization entirely

NOTES: _____

PAIN AND SYMPTOM MANAGEMENT

- [ ] Treat pain and distressing symptoms promptly and aggressively, even if it shortens life
- [ ] Treat pain but minimize sedation
- [ ] Use medication only when clearly needed

NOTES: _____

General Directive — Specific Situations

My overall goals may shift depending on what is happening. Here is what I would want in some specific situations.

IF I AM IN A COMA OR PERSISTENT VEGETATIVE STATE WITH LITTLE CHANCE OF RECOVERY

- ☐ Continue all treatment to preserve life
- ☐ Continue treatment for a defined trial period, then reassess
- ☐ Comfort care only — allow a natural death

NOTES: _____

IF I HAVE A TERMINAL ILLNESS WITH A LIFE EXPECTANCY MEASURED IN MONTHS

- ☐ Continue active treatment to extend life as long as possible
- ☐ Balance life-extension with comfort and quality of life
- ☐ Shift primarily to comfort-focused care
- ☐ Hospice care, focused entirely on comfort

NOTES: _____

IF I HAVE A SEVERE BRAIN INJURY AND THE PATH FORWARD IS UNCERTAIN

- ☐ Pursue all treatment options to support recovery
- ☐ Continue treatment for a defined trial period, then reassess based on progress
- ☐ Comfort care only — allow a natural course

NOTES: _____

SETTING OF CARE

- ☐ At home if possible
- ☐ In a hospital or care facility
- ☐ In hospice when appropriate
- ☐ Wherever the level of support best matches my needs

NOTES: _____

OTHER NOTES FOR GENERAL MEDICAL SITUATIONS

This document reflects my personal wishes and is intended to guide loved ones and clinicians making decisions on my behalf. It is not legally binding on its own.

SIGNATURE FOR GENERAL DIRECTIVE **DATE**

COPIES OF THIS DOCUMENT HAVE BEEN GIVEN TO

Name	Date given

Dementia Directive

Preferences for the early, middle, and late stages of dementia. Needs and choices often shift as the condition progresses, so each stage has its own page.

Stage 1 · Early Stage

Typical experience: Mild memory loss, trouble finding words, and difficulty with complex tasks, while still recognizing loved ones and participating in decisions.

Common feelings:

- Awareness of decline and fear about the future
- Embarrassment, anxiety, or sadness
- Strong wish for independence and dignity

Check the option in each category that best reflects your wishes. Use the "Notes" line under any section to add detail or additional preferences. You can also leave a category blank.

OVERALL GOAL AT THIS STAGE

- ☐ Preserve life as the top priority
- ☐ Balance life-extension with comfort and quality of life
- ☐ Prioritize comfort and quality of life over life-extension
- ☐ Let the condition run its course without medical intervention

NOTES: _____

HOSPITALIZATION

- ☐ For every health concern
- ☐ Only when medically necessary
- ☐ Comfort care only — for things like broken bones or severe pain
- ☐ Avoid hospitalization entirely

NOTES: _____

TREATMENT OF REVERSIBLE PROBLEMS (INFECTIONS, DEHYDRATION)

- ☐ Treat them all
- ☐ Treat only if treatment is simple and likely to improve comfort or function
- ☐ Do not treat — let them run their course

NOTES: _____

HONESTY ABOUT MY CONDITION

- [ ] Tell me the full picture, even if it is hard to hear
- [ ] Tell me what affects my care; spare me details that would only upset me
- [ ] Tell my decision-maker the full picture and use judgment with me
- [ ] Do not burden me with information I can no longer act on

NOTES: _____

INCLUSION IN FAMILY LIFE AND DECISIONS

- [ ] Include me in conversations and decisions as much as possible
- [ ] Follow my cues — include me on good days, protect me on hard ones
- [ ] Shield me from upsetting news and difficult decisions

NOTES: _____

SETTING OF CARE

- [ ] Remain at home as long as safe and practical
- [ ] Move to a facility when skilled care is what most helps me
- [ ] Wherever the level of support best matches my needs

NOTES: _____

OTHER NOTES FOR THIS STAGE

_____

_____

SIGNATURE FOR EARLY STAGE PREFERENCES **DATE**

_____ _____

Stage 2 · Middle Stage

Typical experience: More help is needed with dressing, bathing, medications, meals, or safety. The person may be confused about time or place and may become distressed in unfamiliar settings.

Common feelings:

- Confusion about what is happening
- Fear, agitation, or suspicion during treatment
- Comfort from familiar faces, routines, and calm surroundings

Check the option in each category that best reflects your wishes. Use the "Notes" line under any section to add detail or additional preferences. You can also leave a category blank.

OVERALL GOAL AT THIS STAGE

- ☐ Continue active treatment to extend life
- ☐ Balance life-extension with comfort
- ☐ Shift primarily to comfort-focused care
- ☐ Comfort care only — no life-extending interventions

NOTES: _____

HOSPITALIZATION

- ☐ For every health concern
- ☐ Only when medically necessary
- ☐ Comfort care only — for things like broken bones or severe pain
- ☐ Avoid hospitalization entirely

NOTES: _____

AGGRESSIVE INTERVENTIONS (CPR, ICU, VENTILATION)

- ☐ Use them
- ☐ Only if recovery to my current quality of life is likely
- ☐ Do not use them

NOTES: _____

TREATMENT OF INFECTIONS AND REVERSIBLE PROBLEMS

- [ ] Treat them all
- [ ] Treat only if simple and likely to improve comfort
- [ ] Do not treat — let them run their course

NOTES: _____

EATING AND NUTRITION IF I HAVE TROUBLE EATING

- [ ] Use a feeding tube if needed
- [ ] Short-term feeding tube only, if there is a clear path back to eating
- [ ] Hand-feed me as long as I can swallow safely; no feeding tube
- [ ] Offer food and fluids only as I want them; no forcing

NOTES: _____

SETTING OF CARE

- [ ] Remain at home as long as safe and practical
- [ ] Move to a facility when skilled care is what most helps me
- [ ] Wherever the level of support best matches my needs

NOTES: _____

OTHER NOTES FOR THIS STAGE

_____

_____

SIGNATURE FOR MIDDLE STAGE PREFERENCES _____ DATE _____

Stage 3 · Late Stage

Typical experience: The person may no longer recognize loved ones, understand surroundings, communicate clearly, or eat and drink without help. They may be fully dependent on others for care.

Common feelings:

- Inability to understand why treatments are happening
- Fear, pain, or distress from medical interventions
- Greater need for touch, calm tone, and comfort-centered care

Check the option in each category that best reflects your wishes. Use the "Notes" line under any section to add detail or additional preferences. You can also leave a category blank.

OVERALL GOAL AT THIS STAGE

- ☐ Continue treatment to extend life as long as possible
- ☐ Limited medical treatment, but no aggressive interventions
- ☐ Comfort care only — focus on relief of distress
- ☐ Allow a natural death

NOTES: _____

CPR AND RESUSCITATION

- ☐ Yes, attempt CPR
- ☐ Do not attempt CPR (DNR)

NOTES: _____

HOSPITALIZATION

- ☐ Hospitalize for any acute medical issue
- ☐ Only when comfort cannot be managed where I am
- ☐ Avoid hospitalization entirely

NOTES: _____

ANTIBIOTICS FOR INFECTION (SUCH AS PNEUMONIA)

- [ ] Use antibiotics to treat the infection
- [ ] Use only if they are likely to improve comfort
- [ ] Do not use antibiotics

NOTES: _____

FOOD AND FLUIDS

- [ ] Use a feeding tube if I cannot eat
- [ ] Hand-feed me as long as I can swallow safely; no feeding tube
- [ ] Offer food and fluids by mouth only as I want them; no forcing
- [ ] Do not provide artificial nutrition or hydration

NOTES: _____

PAIN AND SYMPTOM MANAGEMENT

- [ ] Treat pain and distressing symptoms promptly and aggressively, even if it shortens life
- [ ] Treat pain but minimize sedation
- [ ] Use medication only when clearly needed

NOTES: _____

SETTING OF CARE

- [ ] At home
- [ ] In a care facility
- [ ] In hospice
- [ ] Wherever the level of support best matches my needs

NOTES: _____

OTHER NOTES FOR THIS STAGE

SIGNATURE FOR LATE STAGE PREFERENCES

DATE

Personal Values and Guidance

WHAT MATTERS MOST TO ME

THINGS I WANT TO AVOID

THINGS THAT BRING ME COMFORT

PEOPLE, ROUTINES, MUSIC, SPIRITUAL PRACTICES, OR SURROUNDINGS THAT MATTER TO ME

DECISION-MAKER OR TRUSTED PERSON

NAME

_____

RELATIONSHIP

_____

PHONE OR EMAIL

_____

This is the person trusted to interpret and apply these wishes if direct communication is no longer possible.

FINAL ACKNOWLEDGMENT

This document reflects my personal wishes and is intended to guide loved ones and clinicians making decisions on my behalf. It is not legally binding on its own.

SIGNATURE

_____

DATE

_____

COPIES OF THIS DOCUMENT HAVE BEEN GIVEN TO

Name	Date given

PART THREE

Documents to Prepare With Professionals

A short checklist to bring to your attorney and your doctor so the legal and medical pieces of your plan are in place alongside everything you've gathered here.

A WORKING CHECKLIST

An Overview Before You Begin

The pages in this booklet describe your wishes. The documents in this section give those wishes legal and medical weight.

TWO KINDS OF DOCUMENTS, TWO KINDS OF CONVERSATIONS

Most people benefit from two parallel conversations: one with an attorney, who helps prepare the legal documents that name decision-makers and direct the handling of your affairs; and one with a doctor, who helps with medical orders and care planning specific to your health.

Many of these documents do not require an attorney to be valid, but a good attorney can make sure they are signed correctly, work together, and reflect your state's requirements. A doctor's involvement is what turns certain wishes into orders that emergency responders can act on.

HOW TO USE THE NEXT TWO PAGES

- Bring this section with you to appointments, or take notes from it beforehand.
- Use the checkboxes to track what you already have, what you want to discuss, and what you decide is not needed for you right now.
- When a document is completed, note where the original and copies are kept. The Legal Documents page in Part One is a good place to record this.
- Revisit this list every few years, or after a significant change in health, family, or finances.

A GENTLE NOTE

Preparing these documents is something thoughtful adults do at every stage of life — not only when something is wrong. Many people find that putting them in place actually brings a feeling of clarity and freedom, because the questions are answered and don't have to be carried around any longer.

To Talk Through With an Attorney

Document	Have it	Want to discuss	Not for me	Notes for the conversation
Will *Directs how property is distributed and names an executor.*	☐	☐	☐	
Revocable living trust *May simplify settling an estate and avoid probate for some assets.*	☐	☐	☐	
Durable financial power of attorney *Names someone to handle finances if you cannot.*	☐	☐	☐	
Durable healthcare power of attorney *Names someone to make medical decisions for you. Sometimes called a healthcare proxy or agent.*	☐	☐	☐	
Living will or advance directive *States your wishes for medical treatment if you cannot speak for yourself.*	☐	☐	☐	
HIPAA authorization *Allows named people to access your medical information.*	☐	☐	☐	
Beneficiary designation review *Confirm beneficiaries on retirement accounts, life insurance, and payable-on-death accounts are current.*	☐	☐	☐	
Guardianship designation *For anyone with minor children or dependents in their care.*	☐	☐	☐	
Letter of instruction *A non-legal companion document explaining intentions, locations of items, and personal wishes.*	☐	☐	☐	

QUESTIONS WORTH ASKING

Use the line under each question to take shorthand notes during your conversation.

When does a power of attorney become effective, and how is it invoked?

What is the difference between a durable and non-durable power of attorney?

What happens if my primary POA is unavailable or unable to serve? Should I name a successor?

Do I need to formally notify my bank, brokerage, or other institutions about my POA — or is the document itself sufficient?

Are my POA and other documents valid in other states, in case I move or travel?

What records does my POA need to keep, and what reporting obligations do they have?

Are my documents consistent with one another, and current under my state's laws?

Where should originals be stored, and who should know how to find them?

What should trigger an update — and how often should we review these together?

To Talk Through With a Doctor

Topic or document	Have it	Want to discuss	Not for me	Notes for the conversation
Advance directive on file *Make sure a copy is in your medical chart and any patient portal.*	☐	☐	☐	
Healthcare agent on file *Confirm the name and contact for your healthcare power of attorney are recorded.*	☐	☐	☐	
POLST or MOLST form *Talk with your doctor about whether a POLST is a good idea for you. It is a portable medical order signed by a clinician.*	☐	☐	☐	
DNR order *A doctor-signed order about cardiopulmonary resuscitation. Sometimes part of a POLST.*	☐	☐	☐	
Organ and tissue donation *Register your wishes through your state and note them in your medical record.*	☐	☐	☐	
Current medication list *Reconcile what you actually take with what is in the chart, including supplements.*	☐	☐	☐	
Allergies and reactions *Confirm anything important is recorded clearly and visibly.*	☐	☐	☐	

CONVERSATIONS WORTH HAVING

Use the line under each question to take shorthand notes during your conversation.

How can I officially specify who has access to my medical records (HIPAA authorization)?

How can I specify who can make medical decisions on my behalf, and how do I make sure that's recorded here?

If I'm at another facility or in another state, will those teams have access to my directives and authorizations?

What does my doctor see as the most important thing for my future care, given my health today?

If something changed quickly, who would my doctor want to be in touch with — and is that person already on file?

Are there any specialists, palliative care teams, or care coordinators it would be helpful to meet now, before they are needed?

How do I make sure these documents and conversations actually reach the people treating me in an emergency?
