

# Care Preferences

Last updated: \_\_\_\_\_

What matters to the person I support about care, comfort, and daily life. Fill in by hand, with them if possible.

**This is not a legal document.** It does not replace an advance directive, POLST or MOLST, health care power of attorney, or DNR order. In an emergency, call 911 and follow the legal documents and the care team. Share this page with the health care agent and doctors.

Name of the person I support: \_\_\_\_\_ Emergency contact & phone: \_\_\_\_\_

## HEALTH CARE AGENT AND LEGAL DOCUMENTS *(locations only)*

Health care agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Backup agent, if named: \_\_\_\_\_ Phone: \_\_\_\_\_

| Document                         | Have it?                                                 | Where it is kept |
|----------------------------------|----------------------------------------------------------|------------------|
| Advance directive or living will | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
| Health care power of attorney    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
| POLST or MOLST form              | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
| DNR order                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
| Other                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |

Talked with doctor about goals of care: date \_\_\_\_\_ Doctor: \_\_\_\_\_

## WHAT MATTERS MOST TO THEM *(about care and quality of life)*

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## IN THEIR OWN WORDS *(if they can share)*

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Date shared: \_\_\_\_\_ Written down by: \_\_\_\_\_

**Free to print and share.** From Lighthouse by Dragonfly, an iPhone app for organizing care information, medications, and appointments. [lighthousebydragonfly.com](https://lighthousebydragonfly.com)  
*Private health information. Store securely.*



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caregiver tools  
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## COMFORT AND PERSONAL CARE

Preferred gender of caregiver for personal care: ☐ No preference ☐ Women ☐ Men

Bathing (time of day, shower or bath, what helps):

Clothing preferences:

Privacy and dignity (for example, knock first, cover with a towel):

## WHERE THEY WOULD PREFER TO RECEIVE CARE, IF POSSIBLE

☐ At home ☐ With family ☐ Other:

*This may not always be possible. The care team can explain the options.*

## PEOPLE THEY WANT INVOLVED OR VISITING

## FAITH, SPIRITUAL, OR CULTURAL PRACTICES

## FOOD AND ROUTINE (see the Meals & Hydration and Daily Routine sheets)

Most important to know here:

## IF THEY ARE IN THE HOSPITAL

Who stays with them:

Comfort items to bring:

What helps in unfamiliar places:

## THINGS THEY WOULD NOT WANT (not medical, for example being rushed or certain TV shows)

## WHO FILLED THIS OUT

Name and relationship:

Date:

The person I support helped with this sheet: ☐ Yes ☐ Partly ☐ No

