

## **Facilitator Worksheet**

Interview Date:	Date of Birth:
Name:	
Telephone:	
Healthcare Agent Present:	Yes or No

Thank you for meeting with a Decide to be Heard Facilitator.

and fa	orksheet is a tool to help you and your Facilitator. You can use your worksheet to talk with your doctor mily members about today's conversation, collect questions, and decide what you'd like to do next. You neet can work with your Healthcare Power of Attorney as an informational tool for your family and doctors.			
Experiences: You shared the following about experiences with family or friends that became seriously ill or njured.				
Living	Well: To you, 'living well' or having a good day would involve the following.			
Choos	sing a Healthcare Agent: During today's conversation, you are thinking about asking to be your Healthcare Agent.			
To talk	with him/her more about your goals, values, and beliefs, your Facilitator has a few ways to help.			
	<u>Information Card for Healthcare Agent</u> – Your Facilitator can give you an information card to take home and use to talk with your Healthcare Agent about advance care planning and the qualities of a healthcare agent.			
	<u>Invitation to Follow-Up Appointment with Facilitator</u> – Your Facilitator can set-up a follow-up appointment that will include you and your Healthcare Agent to help him/her understand the qualities of a healthcare agent and take part in a conversation with you and your Facilitator.			
	ring Cultural, Religious, or Personal Beliefs: You shared the following cultural, religious, or personal (if any) with your Facilitator that could help you decide the care you would want (or not).			
	It may be helpful to speak with your spiritual leader about:			
	You also shared that the following cultural, religious, or spiritual practices are important to you or would give you/your family comfort.			



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	of Care: When faced with a situation or who you were with, you would wan	n in which you were seriously injured and unable to know who you
	You'd also realized that you would li	ke to discuss the following questions with your doctor.
tems		of your Decide to be Heard Facilitated Conversation, here are action Facilitator Note: Check the boxes that will best help with completing
	<ul> <li>Your Facilitator can:</li> <li>Help you complete the</li> <li>Give you the Healthce</li> </ul>	your healthcare agent in the Healthcare Power of Attorney.  The Healthcare Power of Attorney today, are Power of Attorney to complete on your own, or sit to complete it with your healthcare agent.
	values, and beliefs and complete yo  o Your Facilitator can:	are agent to a meeting with your Facilitator to review your goals, our Healthcare Power of Attorney and summary worksheet.  follow-up visit to work with you and your healthcare agent's ent:
	You would like your healthcare agent to have a copy of your <i>completed</i> Healthcare Power of Attorney and summary worksheet.  o If you've completed your Healthcare Power of Attorney and summary worksheet, your Facilitatican make copies for you and your healthcare agent to keep.  o Make a plan with your healthcare agent so you both know where these two important documents are stored and that they are easy to find.	
	summary worksheet.  o Bring your Healthcare Powe appointment and talk with tho Ask your doctor or their team medical record.	a copy of your <i>completed</i> Healthcare Power of Attorney and r of Attorney and summary worksheet with you to your next doctor's em about it. In member to help you save both documents as part your electronic ents with you to share with <u>all</u> of your doctors.
	of the following: <b>death</b> of family or significant <b>decline</b> in health; or re	
	Greater [	Dayton Advance Care Planning Initiative

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