

End-of-Life Care Planning Document

Personal Information

Full Name

Date of Birth

Contact Number

Advance Directives

Living Will / Advance Directive Statement

Do Not Resuscitate (DNR) Orders

Health Care Proxy

Name of Designated Health Care Proxy

Proxy Contact Information

Relationship to You

Care Preferences

Comfort Measures / Palliative Care Wishes

Place of Care Preference

Spiritual or Cultural Wishes

Other Important Notes

Signature

Date