

# 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