

# Notes to My Family

*Organizing our later years.*

## ***Module 3: Health Information***

*Hospice Giving Foundation :: 80 Garden Court, Suite 201 :: Monterey CA 93940 :: [hospicegiving.org](http://hospicegiving.org)*



In this module, *Health Information*, you will be asked to document your important health information and your medical history, including past illnesses, surgeries, medications, and allergies. The more detailed and specific you can be, the better. This includes specifying diseases that have been in your immediate and extended families.

One of the most important discussions you should have with your physician centers on what type of care you want, measures you don't want, and how you wish to be treated in the event of a serious illness. Your doctor is there to take care of you and manage your illness, but you need to inform your doctor of your preferences. This module of *Notes to My Family* can guide you, and / or the person you dedicate to make health-care decisions for you, to be a better advocate.

There are two forms referenced in this section: the Advance Care Directive and the POLST (Physician Orders for Life-Sustaining Treatment). These are key documents that need to be completed with your physician and family members. Your local hospital can retain a copy of your POLST on file. Healthcare professionals recommend having a copy of your POLST in your car or displayed in a prominent place should an emergency arise. All of your emergency contacts should have a copy of your POLST. These forms should be reviewed annually and updated as needed.



Review your past medical records and meet with your doctor to be sure all the information in this section is complete.

## Health Information Document List

- Durable Power of Attorney for Healthcare
- POLST (Physician Orders for Life Sustaining Treatment)
- Prescription medication list and current over-the-counter medications
- Current physicians' and / or caregivers' contact information
- Important medical records

### Notes:

# Current List of Physicians and Health Care Providers



## List the Contact Information for

Your Primary and / or Specialist Physician(s):

**Name:**  
**Specialty:**  
**Phone:**  
**Address:**  
**Email:**

**Name:**  
**Specialty:**  
**Phone:**  
**Address:**  
**Email:**

**Name:**  
**Specialty:**  
**Phone:**  
**Address:**  
**Email:**

**Name:**  
**Specialty:**  
**Phone:**  
**Address:**  
**Email:**

Your local Hospital:

**Name:**  
**Phone:**  
**Address:**  
**Email:**

Your preferred Pharmacy:

**Name:**  
**Phone:**  
**Address:**  
**Email:**

Your local Physical Therapist:

**Name:**  
**Phone:**  
**Address:**  
**Email:**

Your Caregiver Agency:

**Name:**  
**Contact:**  
**Phone:**  
**Address:**  
**Email:**

Do you have any life-threatening allergies? Be sure to list any medication allergies. Please be specific about reactions, complications, and current treatment.

Maintaining an accurate and up-to-date medication list is vital to your health care. Given that medications may change frequently, we recommend that you prepare a list that is kept with your POLST and in your medicine cabinet. It is very important to update your list whenever your medications or dosages change. Be sure to include the date each time you update your list so anyone who reviews it will know it is accurate.

Yes, I have prepared a list of my medications. It can be found:

Attached to my POLST

Inside my medicine cabinet

In the glove compartment of my car

I take it with me when I travel

Other:

Do you have any inherited or genetic conditions that family members should know about? Please explain:

Do you have any medical conditions, treatments, or surgeries that family members should know about? Please explain and include details such as when the surgery took place, are treatments ongoing, and where treatments are taking place:

The most valuable feature of advance healthcare directives is that they allow you to formally designate a decision-maker for medical affairs in the event you cannot speak for yourself. On **page 12 in Module 2, Assets, Financial, and Legal**, you are asked to document your completion of three specific documents. Here are some reminders about these forms.

Your health care directives take effect if your doctor determines that you lack the ability — often called the “capacity”— to make your own health care decisions. Practically speaking, lacking capacity usually means that you are so ill or injured that you cannot express your health care wishes in any way.

A POLST allows you to specify, in case you are unable to communicate, which treatments you would want to receive, such as CPR or a feeding tube. Your doctor with whom you discuss your POLST **must sign it** in order for it to become a legal document.

A Durable Power of Attorney for Healthcare is the document in which you appoint someone you trust to be your health care agent to make any necessary health care decisions for you and to see that doctors and other health care providers give you the type of care you wish to receive.

Five Wishes is a popular living will because it’s written in everyday language and helps people express their wishes in areas that matter most — the personal and spiritual in addition to the medical and legal.

## Here is your checklist for proper use of these documents:

I have discussed it with my doctor and it is properly signed.

My family members understand my wishes and we have discussed the treatments and interventions I want as well as those I do not want.

The document is located in an easily accessible place in the event of an emergency.

## The following have a copy of the document:

My family member(s), specify:

My primary physician, specify:

My local hospital, specify:

My healthcare agent, specify:

## Notes:

# Assisted Living Options

I would prefer to stay in my home.

If that's not possible, I would rather:

Live with a family member, or

Move to an assisted living residence.



It's a good idea to discuss assisted living options (and their associated costs) with your family or friends before it comes time to implement these changes.

I have spoken with family members about this:

YES NO

The person I discussed this with is:

**Name:**

**Phone:**

**Email:**

**Address:**

Caregiver or agency to provide in-home care:

Same as listed on page 3.

**Contact:**

**Agency Name:**

**Phone:**

**Address:**

**Email:**

I have contacted this person or agency about arrangements YES NO

Preferred assisted living facility:

**Contact:**

**Agency Name:**

**Phone:**

**Address:**

**Email:**

I have contacted this facility about arrangements YES NO

**Notes:**



## Hospice Care

Hospice care is considered the model for quality compassionate care for people facing a life-limiting illness. Hospice provides the patient with a team approach to medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well.

Hospice focuses on caring, not curing. In most cases, care is provided wherever the patient considers is home: their own home, that of a relative or friend, a retirement community, or a long-term care facility. Hospice services are available to patients with any terminal illness and an estimate of six months or less to live. Hospice is covered by insurance and Medicare. It is always recommended that you check your policy to determine what benefits you will have.

### Hospice Care Provider:

**Contact:**

**Provider Name:**

**Phone:**

**Address:**

**Email:**

**Notes:**

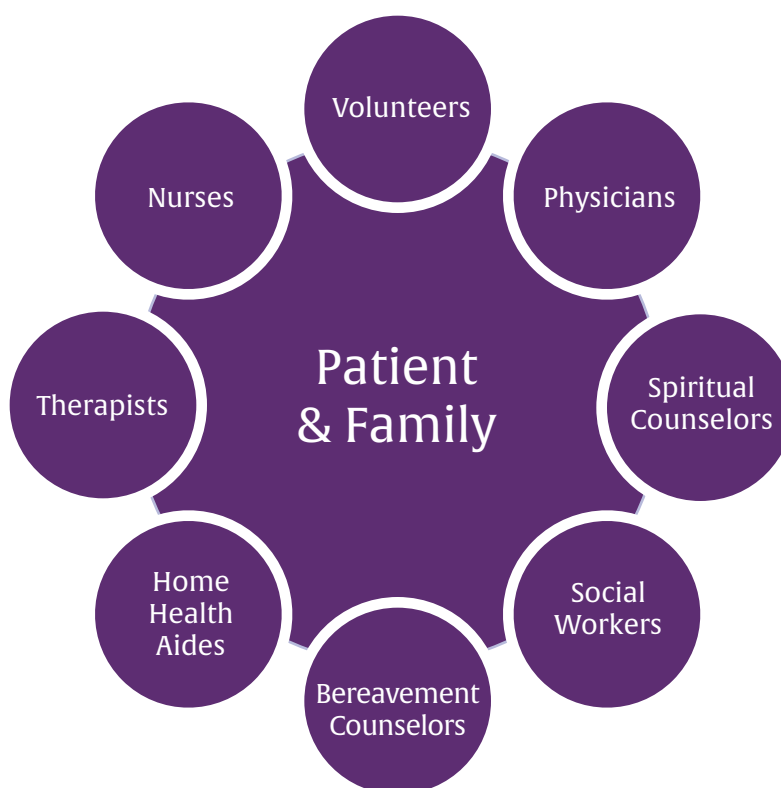
I have contacted this  
agency as my preferred  
hospice care provider. YES NO



## Palliative Care

Palliative care is different from hospice care as it is available to patients at any time during a serious illness. Patients can receive palliative care at the same time as they receive treatments that are meant to cure their illness. Palliative care is similar to hospice in that it involves a dedicated team who provide medical, emotional and spiritual support to the patient and his or her family. Its availability does not depend upon whether or not your condition can be cured.

The goal is to make patients as comfortable as possible and improve their quality of life. Patients do not have to be at the end of life to receive palliative care. There are increasing insurance plans that cover palliative care, including Medicare in select states.



*Model of care for both hospice and palliative care.*

*End of NTMF Health Information PDF*