What Matters Most to Me

Preparing for Conversations About My Health

Vancouver Coastal Health (VCH) and Providence Health Care (PHC) encourage people, particularly those living with a serious illness, to voice their wishes in conversations with their health care providers about their care. We provide these questions below for you to think about and share with your primary care provider or discuss with the health care team if you visit a hospital for care. You are also encouraged to consider completing your advance care plan. *

This is my understanding of my current health condition(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I want more information about what is likely ahead with my health condition:
☐ Yes ☐ No

Some questions I have about my health condition include:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

These are my most important goals as I live with my health condition:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

These are my biggest fears and worries about the future with my health:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Wishes of: ____________________
Written by: ____________________
Date: _______________________

Worksheet can be printed from VCH Connect: Search "RPACE".... available in 5 other languages
This is what gives me strength as I think about my future with my illness:

__________________________________________________________________________

These are abilities in my daily life that are critical to me and that I cannot imagine living without:

__________________________________________________________________________

If my health were to worsen, this is what I would be willing to go through for the possibility of more time (for example: tests, treatments, hospital stay, etc.):

__________________________________________________________________________

It is important to share these thoughts with your loved ones, family and/or friends, so your wishes are known by others. These family members/friends are aware of my wishes:

__________________________________________________________________________

These questions are intended to help you prepare for conversations with your health care provider and/or family members and friends. These questions are also an important part of advance care planning - thinking about and sharing your wishes for care in the future if you can no longer speak for yourself.

I have documented my wishes in an advance care planning document
___ Representation Agreement
___ Advance Directive
___ Other: ____________________

You are invited to provide a copy of this, and your other advance care planning documents, to your care team.

*For information about Representation Agreements, Advance Directives and other aspects of advance care planning please visit www.vch.ca/acp.