

Thank You

Thank you for going on this journey with us.

If you enjoyed using our My Advance Care Planning Record, please let us know. We want to hear from you and learn how we can do better to meet your advance care planning needs.

You can connect with us in a few ways:

Email: info@advancecareplanning.ca

Mailing address: Advance Care Planning
Canada c/o Canadian Hospice Palliative Care
Association M332 – 1554 Carling Ave Ottawa,
ON K1Z 7M4

Telephone: 613-241-3663 or 1-800-668-2785
(toll free)

For more information
about advance care
planning, please visit
our website at
advancecareplanning.ca



My Advance Care Planning Record Booklet

Because my wishes matter.

This Record was created by: _____

I was helped by: ☐ My Decision Maker

☐ _____

☐ _____

☐ _____

I last reviewed my plan on: _____

Date of Publication: December 2024

The information in this booklet is an excerpt from the My Advance Care Planning Guide and the My Advance Care Planning Mini Guide. If you are looking for more guidance on creating your plan, both of these resources can be found at:

advancecareplanning.ca/start-planning

The Canadian Hospice Palliative Care Association and ACP Canada project team expresses heartfelt thanks to everyone who generously shared their insights, time, and skills in the development of our resources.



This Record is not a legal document and cannot be used to provide consent for treatments.

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The ACP Process

Advance Care Planning helps you:

- **Think** about what is important to you.
- **Learn** about the care you want.
- **Choose** decision makers that you trust.
- **Share** your wishes and preferences so the right people know what you want.
- **Record** your preferences and decision maker(s).



Sharing My Record

In addition to my Support Network and my Decision Maker(s) I have shared my ACP Record with the following people:

Name: _____

Name: _____

Name: _____

Name: _____

How to Use This Record Booklet

This Booklet helps you record and share your healthcare wishes. Fill it out, then share copies with your loved ones, Decision Maker(s), and healthcare providers.

About Advance Care Planning

What is Advance Care Planning?

Advance Care Planning (ACP) is the process of thinking about what matters most to you in your life and what that means for your health and personal care.

ACP helps you share your wishes and preferences with the people who are important to you. When everyone knows your wishes and preferences, they can help make sure you get the care you want.

Who is Advance Care Planning For?

Advance care planning is for people across Canada, from young to old, of all abilities. It is for people in good health and those who have health needs. No matter where you are in life, ACP is for you.

Why Create a Plan?

Advance care planning is part of life planning and can help everyone, including healthcare providers, understand your values so that the care you receive respects your wishes and preferences.

What are Wishes and Preferences?

Your wishes are your hopes and desires regarding your health and personal care. Your preferences are the specific choices you would make in various situations. By sharing these with your loved ones, you help them understand and respect the decisions you would make for yourself.

My Decision Maker(s)

Name: _____

How I know them: _____

Contact Info: _____

They are my:

- ☐ Substitute Decision Maker
- ☐ Supportive Decision Maker
- ☐ I have legally appointed them as my decision maker.

Name: _____

How I know them: _____

Contact Info: _____

They are my:

- ☐ Substitute Decision Maker
- ☐ Supportive Decision Maker
- ☐ I have legally appointed them as my decision maker.

My Support Network

These are the people in my support network

Name: _____

How I know them: _____

Contact Info: _____

Name: _____

How I know them: _____

Contact Info: _____

Name: _____

How I know them: _____

Contact Info: _____

Name: _____

How I know them: _____

Contact Info: _____

My ACP Record

My Wishes and Preferences

These are my favourite activities to do on a great day:

These are the activities that help me relax:

I enjoy spending time with:

These are the beliefs and/or traditions that are important to me:

These are my preferences for my health and personal care:

This is how much I would want to know about how sick I am and what will happen:

This is how I would want to manage pain:

This is what privacy looks like for me:

These are the kinds of support I would like to have:

If my abilities changed how I lived my daily life, I would:
