

My identifiers		Last updated:	Last updated by:
Given name:	Preferred name:	Surname:	
Date of birth:	OHIP insured: Choose an item.	Health card #:	
Telephone #:	Mother tongue:	Preferred official language: Choose an item.	
Marital status: Choose an item.		People who live with me: Choose an item.	
Where I currently live: Choose an item.		Ethnicity/culture:	
Substitute decision maker (SDM):		SDM telephone #:	
Emergency contact:		Emergency contact telephone #:	

My plan to achieve my goals for care				Last updated:	Last updated by:
What is most important to me right now:					
What concerns me most about my healthcare right now:					
What I hope to achieve	What we can do to achieve it	Who will be responsible	Barriers and challenges		

My plan for future situations
When my heart/breathing stops, if someone is close by, I would want them to: Choose an item.
If my condition(s) get worse and it looks like I might not survive, I would like to: Choose an item.

My care team		Last updated:	Last updated by:
Name	Role or relationship	Telephone #	Lead care coordinator
			<input type="checkbox"/>
The people I rely on at home are: Choose an item.			



