

FROM THE ELDER LAW OFFICE OF JAMES E. SPRINGER, P.C.

VALUES HISTORY FORM

**Developed by Center for Health and Ethics,
University of New Mexico School of Law**

USES:

Supplement to Our Advance Directives

Living Will

Designation of Health Care Representative

Durable Power of Attorney

Preparation of Last Will and Testament

**Discussion with family and your chosen health care representative
with regard to your philosophy about your future health care
should you be unable to express your feelings**



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VALUE HISTORY FORM

It is important that your medical treatment be of your choice.

The purpose of the Values History Form and package is to assist you in thinking about and writing down what is important to you about your health. If you should at some time become unable to make health care decisions, this form may help others make a decision for you in accordance with your values.

This form is provided free by the Elder Law Office of James E. Springer, P.C., and was designed by the Health Sciences Ethics Program of the University of New Mexico.

This form is not copyrighted; you may make as many copies as you wish.

For more information or to obtain a free hard copy write to:

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or send a check for \$3.00 made payable to Health Sciences Ethics Program, University of New Mexico School of Law, Nursing/Pharmacy Bldg., Room 368, Albuquerque, NM 87131.

Suggestions for Using the Values History Form

This Values History Form was developed at the Center for Health Law and Ethics, University of New Mexico School of Law. The form is not a legal document, although it may be used to supplement an Advance Directive such as a Living Will, a Durable Power of Attorney for Health Care, or a Health Care Proxy, if you have these. Also, the Values History Form is not copyrighted, and you are encouraged to make additional copies for friends and relatives to use.

Why a Values History Form?

The Value History Form recognizes that medical decisions we make for ourselves are based on those beliefs, preferences and values that matter most to us: How do we feel about our overall health? What personal relationships in our lives are important to us? How do we feel about independence or dependence? About pain, illness, dying and death? What are our goals for the future?

Further, a discussion of the questions asked on the Values History Form can provide a solid basis for families, friends, physicians and others when making such medical decisions. By talking about these issues ahead of time, family disagreements may be minimized. And when such decisions do need to be made, the burden of responsibility may be lessened because others feel confident of your wishes.

How Do I fill Out the Values History Form?

There are a number of ways in which you might begin to answer these questions. Perhaps you would like to write out some of your own thoughts before you talk with anyone else. Or you might ask family and friends to come together and talk about you—and their—responses to the questions.

Often simply giving copies of the Values History Form to others is enough to get people talking about a subject that, for many of us, is difficult and painful to consider.

The most important thing to remember is that it is easier to talk about these issues BEFORE a medical crisis occurs. Feel free to add questions and comments of your own.

What Should I Do With My Completed Values History Form?

Make sure that all those who might be involved in your health care are aware of your wishes; family, friends, physicians and other health care providers, your pastor, your lawyer. If appropriate, give written copies to these people.

But remember, each of us continues to grow and change, and so the Values History Form should be discussed and updated fairly regularly.

Consider attaching a copy of it to your Living Will, Durable Power of Attorney, or Health Care Proxy, if you have one, or filing it with your important medical papers.

What If I do not Have An Advance Directive?

Contact an experienced Elder Law Attorney in your community and take a copy of your Values History Form with you to assist in the preparation of the appropriate documents for your individual situation.

Who Should Consider Preparing a Values History Form?

Everyone.

While we often focus on older people, it is just as important that younger people discuss these issues and make their wishes known. Often some of the most difficult medical decisions must be made on behalf of younger patients. If they had talked with families and friends, the decision makers could be reassured they were following the patient's wishes.

We hope this Values History Form is of help to you, your families and friends. Many people have commented that it is important to reflect, not so much on "How I want to die," but rather on "How I want to LIVE until I die."

VALUES HISTORY FORM

NAME: _____ DATE: _____

If someone assisted you in completing this form, please give his or her name, address, and relationship to you.

Name: _____

Address: _____

Relationship: _____

Overall Attitude Toward Life and Health

What would you like to say to someone reading this document about your overall attitude toward life?

What goals do you have for the future?

How satisfied are you with what you have achieved in your life?

What, for you, makes life worth living?

What do you fear most? What frightens or upsets you?

What activities do you enjoy (e.g., hobbies, watching TV, etc.?)

How would you describe your current state of health?

If you currently have any health problems or disabilities, how do they affect: You?

Your family?

Your work?

Your ability to function?

If you have health problems or disabilities, how do you feel about them?

Do you have difficulties in getting through the day with activities such as:
eating?

preparing food?

sleeping?

dressing and bathing? etc.

What would you like to say to someone reading this document about your general health?

Personal Relationships

What role do family and friends play in your life?

How do you expect friends, family and others to support your decisions regarding medical treatment you may need now or in the future?

Have you made any arrangements for family or friends to make medical treatment decisions on your behalf? If so, who has agreed to make decisions for you and in what circumstances?

What general comments would you like to make about the personal relationships in your life?

Thoughts About Independence and Self-Sufficiency

How does independence or dependence affect your life?

If you were to experience decreased physical and mental abilities, how would that affect your attitude toward independence and self-sufficiency?

If your current physical or mental health gets worse, how would you feel?

Living Environment

Have you lived alone or with others over the last 10 years?

How comfortable have you been in your surroundings?

How might illness, disability or age affect this?

What general comments would you like to make about your surroundings.

Religious Background and Beliefs

What is your spiritual/religious background?

How do your beliefs affect your feelings toward serious, chronic or terminal illness?

How does your faith community, church or synagogue support you?

What general comments would you like to make about your beliefs?

Relationships With Doctors and Other Health Caregivers

How do you relate to your doctors?

Please comment on: trust; decision making; time for satisfactory communication; respectful treatment.

How do you feel about other caregivers, including nurses, therapists, chaplains, social workers, etc.?

What else would you like to say about doctors and other caregivers?

Thoughts About Illness, Dying and Death

What general comments would you like to make about illness, dying and death?

What will be important to you when you are dying (e.g., physical comfort, no pain, family members present, etc.)?

Where would you prefer to die?

How do you feel about the use of life-sustaining measures if you were: suffering from an irreversible chronic illness (e.g., Alzheimer's disease)? terminally ill? in a permanent coma?

What general comments would you like to make about medical treatment?

Finances

What general comments would you like to make about your finances and the cost of health care?

What are your feelings about having enough money to provide for your care?

Funeral Plans

What general comments would you like to make about your funeral and burial or cremation?

Have you made your funeral arrangements?

If so, with whom?

Optional Questions

How would you like your obituary (announcement of your death) to read?

Write yourself a brief eulogy (a statement about yourself to be read at your funeral).

What would you like to say to someone reading this Values History Form?

Legal Documents

What legal documents about health care decisions have you signed?

Advance Directive for Health Care?

Living Will?

Designation of Health Care Representative?

Durable Power of Attorney?

POST-Indiana Physician Orders for Scope of Treatment

A doctor's order which includes directions about life sustaining measures in addition to CPR, such as intubation, antibiotics, and feeding tubes. Available July 1, 2013.

Where and with whom can they be found?

Name:

Address:

Phone:

NOTES:

Revised June 2013