



Arizona END OF LIFE CARE PARTNERSHIP
Anchored at United Way of Tucson and Southern Arizona

ADVANCE CARE PLANNING CHECKLIST

To help in the ease of documenting your wishes, we have summarized simple steps and resources into two parts:

1. Write down your thoughts and questions as you begin the process of advance care planning, have conversations, and seek help from our partners.
2. A checklist for the simple process, remembering that this is an ongoing process and can be updated at any time in the future.

Additional information, including a glossary of terms and a list of southern Arizona service Partners who can provide education and assistance with the process can be found at [EOLCP Resources](#) or by contacting one of our Partners.

SCAN QR CODE



My Advance Care Planning Reflections

My values/what is important to me

Questions about advance care planning

What I want to tell my loved ones

What I want to tell my healthcare providers



My Advance Care Planning Checklist

WHERE TO START

Step One: Identify your trusted people

- Talk to healthcare providers about your values, wishes, any questions about your health.
- Identify someone to make decisions for you if you should become incapacitated.

Step 2: Identify what is important to you

- Review [The Conversation Project Starter Guide](#) **optional but recommended**
- Attend an Advance Care Planning Workshop or set up time for individualized coaching (to find a workshop, visit <https://azendoflifecare.org/events/> or visit our resource page) **optional but recommended**

Step 3: Have the conversation

- Talk to loved ones about your values and wishes.

Step 4: To access and print forms, visit the Where To Start page at <https://azendoflifecare.org/where-to-start/>

- Living Will (found within Five Wishes): date completed ____ / ____ / ____
- Healthcare Power of Attorney (found within Five Wishes): date completed ____ / ____ / ____
- Mental Healthcare Power of Attorney: date completed ____ / ____ / ____
- Do Not Resuscitate (ensure that DNR is printed on orange paper): date completed ____ / ____ / ____
- Review information on organ and tissue donation from [Donate Life Arizona](#) **optional but recommended**

Step 5: Save and share your documents

- Provide copies of completed documents to loved ones
- Provide copies of completed documents to healthcare providers
- Upload to [Arizona Healthcare Directives Registry](#)*
- Ask your healthcare, financial, or legal providers if they are subscribed to the AzHDR and can register these documents for you.
- Make sure DNR (if completed) is kept visible

Please note that if you are uploading the documents yourself (without the help of a subscribed healthcare, financial, or legal provider), the Registration Agreement must be notarized, even if you have chosen to have your advance directive documents witnessed. If a subscribed provider uploads them for you, it will not need to be notarized.