

## Advance Care Planning Quick Reference

***Disclaimer: This is not an advance directive. Nor is this a legal document. It is an aid for you to stay organized in creating, sharing, and maintaining your advance directives.***

My Power of Attorney for Health Care is/will be: \_\_\_\_\_

My back-up POAHCs are/will be: \_\_\_\_\_  
\_\_\_\_\_

Other friends/family who should know this are:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

I will share this with my primary care doctor, Dr: \_\_\_\_\_ MD/DO

My other wishes for healthcare and end-of-life care are documented in the following forms:

\_\_\_\_\_

My advance directives are/will be kept: \_\_\_\_\_

I will revisit my advance directives if/when: \_\_\_\_\_

### ***Links to advance directives:***

- Illinois Health Care Power of Attorney Health Care
  - <https://www.illinois.gov/sites/gac/Forms/Documents/POAHealthCare2016.pdf>
- Living Will
  - [https://www.illinois.gov/aging/AboutUs/Documents/poa\\_will.pdf](https://www.illinois.gov/aging/AboutUs/Documents/poa_will.pdf)
- Five Wishes
  - <https://agingwithdignity.org/five-wishes/about-five-wishes>
- Organ Donation Registry
  - <https://www.ilsos.gov/organdonorregister/>

For follow up information, contact:

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