***WISHES***

Do you have an Advanced Directive? **Yes or No** Where is it?

Do you have a Power of Attorney ( POA )? **Yes or No** Who is it?

* A copy of the Advanced Directive and POA should be added to this binder

Do you wish for any of the following?

* Hospitalization **Yes or No**
* Surgery **Yes or No**
* Artificial nutrition **Yes or No**
* Artificial hydration **Yes or No**
* Resuscitation **Yes or No**
* Ventilator **Yes or No**

( These wishes should match the Advanced Directive )

Comfort

 Would any of the following give you comfort? Please describe, give examples

* Music
* Massage/touch
* Prayers, reading or stories
* A particular pet
* Visitors
* Listening to people talk
* Silence
* Solitude