



Choices in Caring – What’s Important to Me

Name: _____ Date of Birth: _____ Date: _____

I prefer to be called: _____

Alta Regional Service Coordinator: _____ Phone: _____

Family / Decision-maker: _____ Phone: _____ Cell: _____

Family involvement: Very involved Somewhat involved Not involved

Conservator: _____

My favorite activities and things: _____

If we were to ask the people who know you best, “What is most memorable about you or what makes you special or unique, “ they might say:

Baseline Functional Status: Can self-reposition? Yes No

Ambulatory ___ Wheelchair ___ Weight-bearing with transfer ___ Non-ambulatory ___

Communication: Verbal ___ Vocalizations ___ Non – verbal ___

I’m happy: _____ I’m sad or distressed: _____

Toileting: Independent ___ With Assistance ___ Dependent ___

Eating: Independent ___ With Assistance ___ Dependent ___

Food preferences: _____

I prefer crushed medications with: _____

We hear people say, "He or she has no quality of life." It is important for us to understand what the idea of "quality of life" means to you. Are there changes in life that might leave you feeling that you don't have a good quality of life?

How important are each of the following to you?

VI = Very Important **I** = Important **S** = Somewhat Important **N** = Not Important

_____ Being able to interact with family and friends

_____ Being touched Comments: _____

_____ Being able to watch television or read Favorite TV shows: _____

_____ Being able to listen to music or move with music: Favorite music: _____

_____ Being able to join with others in group activities

_____ Being able to participate in a day program

_____ Being free from constant, severe pain

_____ Not being connected to a machine all the time

Others: _____

Signatures of staff that assisted patient with this document: _____

IDT review dates: _____
