

Truth telling

Do you want to know more about your current health condition?

YES

NO

If they answered YES, what are the details of their health condition(s)?

Values and preferences

What 3 things are most important to you in life?

1

2

3

What role do you want to play in making decisions?

Who do you want with you when making decisions?

Decision making

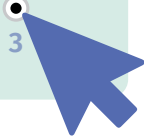
The decision we need to make:

The health condition the decision relates to:

		1	2	3
option 1	benefits			
	risks			
option 2	benefits			
	risks			
option 3	benefits			
	risks			

How much do these risks and benefits matter to you?

- not at all
 - somewhat
 - very much
- 1 2 3



I would recommend option because...

My decision is because...

Next steps

knowledge

Do you understand the benefits and risks of each option?

YES

NO

If you answered **NO**, what additional questions do you have?

support

Do you have enough support and advice to make a choice?

YES

NO

If you answered **NO**, is there anyone else you want to speak to?

values

Are you clear about which benefits and risks matter most to you?

YES

NO

If you answered **NO**, revisit the *Values & Preferences* and/or *Decision Making* sections

certainty

Do you feel sure about the best choice for you?

YES

NO

If you answered **NO**, revisit the *Decision Making* and/or *Next Steps* sections

follow-on actions

Are there any follow-on actions to be completed by you or your healthcare team?

notes + questions

Are there any questions or things you want to remember about this conversation?

This conversation was had with:

NAME

ROLE

This conversation is documented:

LOCATION IN MEDICAL RECORD

Date:

___ / ___ / ___

DD

MM

YY