

My Values, Goals, and Preferences for Dementia Care

This form gives your medical team and caregivers an understanding of who you are and what's important to consider in planning your care and communicating with you about your dementia journey. You can update this as often as you wish. Be sure to provide a copy to your medical team and caregivers.

What things do you want your medical decision maker to know about your dementia care goals/preferences? What is most important to you as your team plans your medical care? Mark answer with an X	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
Being able to take care of my own bodily needs is important to me					
My beliefs, spirituality and/or religion help me cope					
I would want to participate in experimental drug trials even if it meant I might die sooner, since retaining my memory is a priority					
I do not want my life extended if it means I am dependent on machines					
I do not want to be a financial burden on my family					
I am okay doing whatever my family thinks is best for me					
I want my doctor to tell my caregiver and myself when I reach the moderate stage of dementia					
If I no longer appear to want food or drink, or can not safely swallow I would not want to be hand fed, or get fed through a tube					
I would prefer to live at home with my spouse / family member					
I want my medical team to keep my caregiver and myself up to date on strategies to preserve as much brain function as possible					
My medical decision maker should follow my dementia directive wishes even if they would personally prefer another option.					
If I no longer recognize my loved ones, I would not want to keep receiving treatment					
I would want everything done to keep me alive, as I believe only God can decide when to take me					
I am concerned about aggressive behaviors I might have that will be difficult to control					
It's important to me that I find meaning and joy in my life.					
If I had to eventually live in a facility, I would not want any treatment that would prolong my life					
I would want any help available for my family caregiver including hospice or palliative care programs when I am eligible					
Other :					
Other :					

Patient Signature: _____

Date: _____