

This pull-out section includes:

- **Durable Power of Attorney for Health Care Form and Disclosure Statement**
- **Terminal Care Document**
- **Worksheet 1 – Values Questionnaire**
- **Worksheet 2 – Medical Situations and Their Treatment**

Checklist for the Durable Power of Attorney

These steps may be helpful to you as a reminder of things that might be good to check on as you plan and fill out the document:

- _____ **I have talked with my agent and alternate agent, if any, about this document before appointing them and they understand my wishes.**
- _____ **I have included my agent(s) addresses and phone numbers on the document or on an attachment which will be included with all copies.**
- _____ **I have listed the people to whom I have given or plan to give copies.**
- _____ **I have an extra copy for myself. (If either I or my agent makes additional copies for others to have, we will communicate this to each other when these copies are made and distributed.)**
- _____ **My family and friends have been included in this process to the extent that I wish them to be involved or informed of my wishes.**
- _____ **I have talked this over with my primary care physician and s/ he understands my wishes.**
- _____ **I understand that I should review this document every few years to make sure it still accurately expresses my wishes.**