

GOALS OF CARE

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Client Participation

Status	Valid From
Last Updated by	Valid To

The Client's ability to participate in Goals of Care Conversation

- ☐ Is able to express goals of care
- ☐ Is able to participate in a limited capacity (please describe below)
- ☐ Is NOT currently able to express goals of care (seek SDM) (Please describe below)
- ☐ Client/SDM declined opportunity to have conversation

Reason:

Notes

GOC Conversation Participants

Name	Relationship To Client	Recorded By	Date Recorded
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Health Care Decision Maker

Recorded By	Date Recoded	Team Name	Client	Substitute Decision Maker
			<input type="checkbox"/>	<input type="checkbox"/>

Substitute Decision Maker

Last Name

First Name

Association

Phone Number

Alternate Number

Comments

Understanding And Information Sharing

Illness understanding of conversation participant(s)

Amount of information desired

What did you (clinician) communicate to the client (e.g. Prognostic information, signs & symptoms to expect)

GOALS OF CARE

Name:

PARIS ID:

Key Topics

Client's important goals if health situation worsens, (e.g. Remain independent, pain free, explore all possible treatment options, overcome past trauma, be a part of all medical decisions)

Client's biggest fears and worries about the future with their health (e.g. Being dependent on others, financial concerns, how family will manage, not having cultural traditions respected)

Everyday abilities so important to client's quality of life that they cannot imagine losing (e.g. Not being able to talk, being in pain, difficulty breathing, managing ADL's independently)

If client became sicker, how much are they willing to go through for the possibility of gaining more time? (e.g. Go to hospital, have a feeding tube out in, admission to ICU, be on a ventilator)

- ☐ Be on a ventilator
- ☐ Be uncomfortable
- ☐ Be in the ICU
- ☐ Have a feeding tube
- ☐ Live in a long term care home
- ☐ Be in hospital
- ☐ Undergo aggressive tests and/or procedures

Would client want these treatments if they were needed permanently, if they did not get better

How much do those closest to the client know about their priorities and wishes? (Skip if discussion was had with substitute decision maker). Those closest to the client are:

- ☐ Aware of client priorities and wishes
- ☐ Not aware. Client will share details with them
- ☐ Not aware. Client would like support from team to discuss
- ☐ Not aware and client does not want them informed at this time

Additional notes

Recommendations

----- End of Report -----