



Site: _____

HRN: _____ Site: _____ DOB: yyyy/mon/dd

Last Name: _____ First and Additional Names: _____

PHN: _____ Gender: _____ Age in Years: _____

Admitting Physician: _____ Encounter #: _____

Address: Street, City, Province, Postal Code

Telephone Number: _____

Date of Admission: yyyy/mon/dd Family Physician: _____

Tracking Record for Advance Care Planning (ACP): Goals of Care Discussions

- The purpose of the Tracking Record is to document the decisions/next steps/outcomes of discussions related to ACP and Goals of Care Designations.
- **Goals of Care** discussions are ongoing and may include any combination of the Six [6] Core Elements.
- Any member of the interdisciplinary team may initiate or participate in discussions related to advance care planning and/or goals of care.

Copy of Personal Directive added to Green Sleeve _____ (yyyy/mon/dd)

Copy of "MyVoice" workbook added to Green Sleeve _____ (yyyy/mon/dd)

Patient/Resident's Representative/Agent: _____
 Name _____ Relationship _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Record of Goals of Care Discussions/Decisions/Next Steps/Outcomes

Core Element	#1: Prognosis and Anticipated Outcomes of current treatment #2: Patient's values and their understanding/expectation of treatment options #3: Life Sustaining Measures/Degree of Benefit (e.g. enteral tube feeding, intravenous hydration, dialysis) #4: Comfort Measures #5: Resources available (e.g. palliative care, spiritual care, social work) #6: Goals of Care Designations		
Date of Discussion (yyyy/mon/dd)	Core Element(s) Discussed (indicate #'s)	Key decisions/next steps/outcomes of today's discussions are documented below If applicable, document details of the discussion in the patient's health record.	Who was involved in today's discussions? i.e. patient, family, healthcare provider Include name and relationship/discipline
		Healthcare Provider Recording Discussion: _____ printed name and discipline _____ signature _____ site _____	
		Healthcare Provider Recording Discussion: _____ printed name and discipline _____ signature _____ site _____	

Original Located in Green Sleeve and Accompanies Patient/Resident, Retain a Chart Copy When Patient is Transferred/Discharged

Site: _____

HRN: _____ Site: _____ DOB: yyyy/mon/dd

Last Name: _____ First and Additional Names: _____

PHN: _____ Gender: _____ Age in Years: _____

Admitting Physician: _____ Encounter #: _____

Address: Street, City, Province, Postal Code

Telephone Number: _____

Date of Admission: yyyy/mon/dd Family Physician: _____

Tracking Record for Advance Care Planning (ACP): Goals of Care Discussions

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