

End-of-Life Preferences Questionnaire

Personal Information

Full Name

Date of Birth

Healthcare Preferences

Level of Medical Intervention

- ☐ Full Intervention
- ☐ Limited Intervention
- ☐ Comfort Care Only

Advance Directives (Living Will, DNR, etc.)

Decision Maker

Appointed Healthcare Proxy or Decision Maker

Contact Information

Spiritual & Emotional Preferences

Spiritual or Religious Beliefs

Emotional Support Persons

Other Wishes

Special Instructions or Final Wishes

