

Checklist for Selecting a Healthcare Agent

	Agent		Alt.	
<i>The person I have selected to be my health care agent and my alternate:</i>	YES	NOT Yet	YES	NOT Yet
1. Is at least 18 years old and likely to be available for the foreseeable future				
2. Could handle the responsibility				
3. Knows that I have selected him or her as my agent				
4. Knows me well and understands what is important to me				
5. Understands my values and religious beliefs				
6. Will honor my wishes and separate his/her own feelings from mine				
7. Will be able to make difficult choices at stressful times				
8. Understands what I would consider an acceptable quality of life				
9. Will be able to refuse or stop treatment, if that is what I want, even if it results in my death				
10. Will be comfortable asking questions of my health care team in order to get the information needed to make decisions				
11. Lives close by or is willing and able to travel if needed				
12. Will be able to "stand up" for me and be my advocate				
13. Has the ability to handle conflicting opinions between family members, friends and medical professionals and who might disagree with my wishes				
14. Has a copy of my current Advance Directive				
15. Is willing to discuss these sensitive issues with me now				