

Advance Care Planning Materials



ORDER FORM

Thank you for your interest to help spread the *Your Health Your Choice* Advance Care Planning process throughout Flint and Genesee County. Additional hard copy quantities of the materials described below are available by order and electronic versions are available in the "Resources" section of the yourhealthyourchoice.org website. These materials are available free-of-charge to Genesee County organizations. Please indicate your order below.

QUANTITY

Advance Care Planning Guide

This guide provides questions for individuals to consider in reflecting on their choices for future healthcare decisions.

Advance Care Planning Information Booklet

This booklet provides reasons why it is important for individuals to participate in Advance Care Planning.

Fact Sheet – Durable Power of Attorney for Healthcare vs. Living Will

This fact sheet explains the primary differences between a Durable Power of Attorney for Healthcare and a Living Will.

Fact Sheet – CPR or No CPR

This fact sheet describes what CPR is and helps people decide if they would want CPR as a life sustaining treatment.

Fact Sheet – Help with Breathing

This fact sheet explains the different medical intervention options available to assist individuals with breathing.

Fact Sheet – Tube Feeding

This fact sheet provides an overview of tube feeding and can help people decide if they would want to undergo tube feeding as a medical option.

Advance Care Planning Button

This button encourages conversations surrounding "Advance Directives" and Advance Care Planning.

Advance Care Planning Poster

This 11 inch x 14 inch poster can be customized to include an organizational logo in addition to contact information for Advance Care Planning information and facilitation.

Advance Care Planning Referral Pad

ACP "prescription" pads for providers to refer individuals to free ACP facilitation resources in the community.

Advance Care Planning Pocket Cards

Wallet-sized cards for facilitators to provide individuals who have completed ACP which list information on patient advocates, primary care physicians, and storage of advance directives.

DELIVERY INFORMATION

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Please return this form to:

Greater Flint Health Coalition

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Phone: 810.232.2228 Fax: 810.232.3332

