

Patient Values Assessment Tool

_____, You have been diagnosed with _____,
Patient Name *Diagnosis/Condition*

which can become a life limiting disease over time. There are interventions that we can do to treat and make you comfortable but the condition itself is something that will not go away and we will have to help you to learn to live with this disease. In order for your Clinician to know where you stand on certain issues regarding your healthcare, you are being asked to complete the following questions. (May be completed by family member on your behalf).

1. What is your greatest concern/fear when you think about your disease?
2. As we ponder treatment options, is there anything you would like to tell your clinician?
3. Quality of Life means different things to different people. What does quality of life mean to you?
4. This is usually a progressive disease over time. As your illness progresses, do you have any specific or general guidelines you want your clinician to follow?
5. How much do you want to know about your illness as time with this illness progresses?
6. Who do you want your clinician to update regarding your condition?