

# ADVANCE CARE PLANNING (ACP) DATA ENTRY WORK SHEET

Attach patient label or fill in below:

Patient Name: \_\_\_\_\_

Patient PHN: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

To complete data entry access PROMIS 4 ➔ Assessments ➔ ACP

**ACP Discussion** ACP discussion occurred:  Yes  Patient declined to discuss  Not assessed

Initial discussion date (DD-MMM-YYYY): \_\_\_\_\_

Latest follow up discussion date (DD-MMM-YYYY): \_\_\_\_\_

**ACP Documents**

Does any legal ACP document exist?:  Yes  No  Not assessed

Does any other ACP document exist?:  Yes  No  Not assessed

**Medical Order  
for Scope of  
Treatment  
(MOST)**

Does any MOST exist?:  Yes  No  Not assessed

Latest order completion date (DD-MMM-YYYY): \_\_\_\_\_

Health care professional: \_\_\_\_\_

*Section to be completed by social work or other HCP-related to legislation.*

**Which legislation applies to the patient?** Health Care (Consent) and Care Facility (Admission) Act:  Yes  No  Not assessed

Representation Agreement Act Section 7:  Yes  No  Not assessed

Representation Agreement Act Section 9:  Yes  No  Not assessed

Upload documents to PROMIS ACP Documents file.

**Ensure copy of Serious Illness**

**Conversation documents to ALL:**  PROMIS  HA EMR  Greensleeve  Primary Nephrologist  
 Family Physician/Nurse Practitioner

\_\_\_\_\_  
Name (print) and discipline

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date