



END OF LIFE DOULA ASSOCIATION OF CANADA

Intake - *Meeting Client Goals and Evaluation*

Name

Precautions / Allergies / Alerts

What are your. . .

hopes

A. *for planning end-of-life matters?*

B. *for your personal journey at this time?*

C. *for your family's process at this time?*



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fears

A. *for planning end-of-life matters?*

B. *for your personal journey at this time?*

C. *for your family's process at this time?*

goals

A. *for planning end-of-life matters?*

B. *for your personal journey at this time?*



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C. *for your family's process at this time?*

What brings you joy?

Who are the people who make up your support system?

Is there anyone in your family in charge of preparing large family dinners?

(This is asked to better understand family dynamics and often the person in charge of coordinating large family events plays a significant role in one's support system)

Do you have any cultural beliefs and practices relevant to your care?

Can you recall any major life events that will help me support you?



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Have you begun to take any steps to meet your end-of-life wishes?

Do you have any documents that support end-of-life wishes?

- Wills
- Advance Care Plan
- Representation Agreement
- No CPR / MOST
- Expected death at home form

Where do you keep these documents?

Who has a copy?



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Progress Assessment

Goal of Care	Action Plan	Evaluation