

## W.I.S.H.F.U.L. thinking:

**Dental Advance Care Planning Tool** 



Is something bothering me? Who will take me to the dentist?

**IDEAL** 

What quality of life issues are important to me? What foods do I love to eat?

**S** STRENGTHS

What do I bring to the "table" What is working? Now? Will it still work in future?

C HEALTHY

What are my current health concerns? What prescriptions or treatments am I taking?

**FINANCIAL** 

Do I have dental Insurance? How are my bills getting paid?

**UNDERSTAND & APPRECIATE** 

Can I understand the dental decisions and costs?

Can I appreciate the importance of the dental decision?

**L**AW

Do I have an up-to-date power of attorney?

Do I know who my legal substitute decision-maker is?

## Your Mouth - Your Choice!

Talk to your friends, family, substitute decision maker or dentist about your dental advance care plan.







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