



My Choices for Safe and Inclusive Healthcare

Taking pride in my health and well-being





My Choices is part of ***Proud, Prepared and Protected*** – a series of resources to support 2SLGBTQ+ inclusive palliative care. These products were developed by people who identify as Two-Spirit & LGBTQ+ and the Canadian Virtual Hospice.

My Choices for Safe and Inclusive

Healthcare is a place to record information related to your health and preferences for your care. It can help you to have conversations with healthcare providers; to plan for your future care; and to share information with others, including your emergency contacts.

We encourage you to complete as much of this document as you wish. You can fill out the PDF and save it as an electronic document, or print it.

Consider giving a copy of this document to the important people in your life, and sharing this information with healthcare providers. Take it with you when you attend appointments, call 911, visit the emergency department, or access other healthcare services. If your province has a process for documenting your wishes for care, ensure this information is included on those documents and kept in the same place.

Section 1: Personal information

This document belongs to:

Legal Name (if different):

My gender and pronoun(s):

I describe myself as: (Some examples include Two-Spirit, Lesbian, Gay, Bi, Trans, Queer, Intersex, Genderqueer, Indigequeer, Genderfluid, Pansexual, etc.)

If found, please contact or return to me:

Phone number and mailing address:

Section 2: Emergency contact information

Please contact the following in case of an emergency:

Name:

Pronoun(s):

Phone:

Email:

Relationship:

Knows me as (name, gender, pronoun(s)):

Name:

Pronoun(s):

Phone:

Email:

Relationship:

Knows me as (name, gender, pronoun(s)):



If for some reason I am unable to make decisions about my healthcare, I have delegated the following person to do so on my behalf.

Name: _____

Pronoun(s): _____

Phone: _____

Email: _____

Relationship: _____

Knows me as (name, gender, pronoun(s)): _____

If I don't have a delegate, the following people know my preferences for care.

Name: _____

Pronoun(s): _____

Phone: _____

Email: _____

Relationship: _____

Knows me as (name, gender, pronoun(s)): _____

Name: _____

Pronoun(s): _____

Phone: _____

Email: _____

Relationship: _____

Knows me as (name, gender, pronoun(s)): _____



“*I was prepared, and I felt empowered. It was like there was a safety net beneath me the whole time.*”

Section 3: Medical information

Medical conditions and/or concerns (high blood pressure, diabetes, asthma, etc.):

Allergies:

Mental health conditions and concerns (depression, anxiety, PTSD, etc.):

Corrective lenses, hearing aids, etc.:

Mobility access needs:

Mobility devices used (canes, etc.):

I am currently taking the following medication(s):

I am currently taking the following vitamins, herbal remedies, supplements, traditional medicine(s):

I am currently on Hormone Replacement Therapy (HRT) and:

I do not give permission for my HRT to be varied or stopped.

I am willing to discuss my HRT with respect to my current medical condition.

I give permission for my HRT to be varied or stopped only in the event that:

History of surgical procedures including dates:

Sex assigned at birth:

Female Male Intersex

Your healthcare team needs to have a full picture of your health and history so they can best address certain medical conditions including cancer and heart disease. Is there anything you would like to share about your body, such as which reproductive organs you have?

Section 4: Safety and privacy

I prefer all physical exams be conducted by:

Gender:

No preference

Things that make me feel unsafe:

Things that will help me feel safe:

I do not want the following people to be contacted, to have access to my personal information, or to visit me.

Name(s):

Section 5: Social history

My current living situation:

I receive care from these individuals:

Name: _____

Pronoun(s): _____

Phone: _____

Email: _____

Relationship: _____

Knows me as (name, gender, pronoun(s)): _____

Name: _____

Pronoun(s): _____

Phone: _____

Email: _____

Relationship: _____

Knows me as (name, gender, pronoun(s)): _____

I receive care from these organizations:

Name: _____

Contact information: _____

Name: _____

Contact information: _____



*You have the right to receive healthcare that is respectful, feels safe, and is free from discrimination. See the **Two-Spirit & LGBTQ+ Canadian Healthcare Bill of Rights**.*



“The question that keeps coming up is ‘who is family?’ Many of us have our ‘chosen family’. These are the people we know will support us.”

I provide care for:

Name: _____

Pronoun(s): _____

Phone: _____

Email: _____

Relationship: _____

Knows me as (name, gender, pronoun(s)): _____

I have pets that require care:

Section 6: Intimate care preferences

Intimate care is associated with bodily functions, products, and personal hygiene which involves contact with, or potential exposure of, genitals or chest.

My preferred terms:

If other than breasts:

If other than genitals:

Please DO NOT use the following words to describe my body:

I prefer to use toilets and changing rooms that are designated as:

Female Male

I prefer to be bathed by, or receive intimate care from:

Gender:

No preference

Section 7: Accommodation preferences

If I need to be admitted to a healthcare facility, I prefer to be in a space that is:

Female

Male

Gender-inclusive

Two-Spirit

No preference

Other option (please specify)

I would prefer clothing and undergarments that are:

Feminine

Masculine

Gender-inclusive

Two-Spirit

Other (please describe)



Section 8: Planning for advanced illness or frailty

I have a document (sometimes referred to as an advance care plan or healthcare directive) that outlines my wishes if I cannot speak for myself.

Yes

No

If yes, it can be found here:

*Our **Planning for My Care** document can help you consider what will be important to you at end of life.*

Names and contact info for people who know my wishes for advanced illness and end of life:

Name:

Pronoun(s):

Phone:

Email:

Relationship:

Knows me as (name, gender, pronoun(s)):

Name: _____
Pronoun(s): _____
Phone: _____
Email: _____
Relationship: _____
Knows me as (name, gender, pronoun(s)): _____

If I am not able to take care of my appearance, I request the following (hair, shaving, etc.):

Summary of what is important to me at end of life:

I have created a Last Will and Testament.

Yes No

Location:

If no, we encourage you to explore doing so.





Visit www.virtualhospice.ca/2SLGBTQ for more inclusive care resources including:

- Planning for My Care
- 2SLGBTQ+ Canadian Healthcare Bill of Rights for advanced illness, frailty, and end of life

We are grateful to all the individuals and organizations who contributed to making this a safe and inclusive document.

Aussi disponible en français.



virtualhospice.ca

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