

Prognosis Declaration

I wish to participate in my care, and to always operate from a position of “informed consent”. That being true, information on my prognosis can be difficult for health care practitioners to offer, and for patients to accept. In order to facilitate communication with my physician, I opt for one of the following options:

OPTION 1

Tell me everything about my likely prognosis, including the recommended course of treatment, my expected life expectancy, and the challenges inherent in the treatment option I decide to pursue. Be direct, but kind with me. Spare me no details. I want to know what is ahead of me.

OPTION 2

I’ve not yet decided what I want to know about my prognosis, but please feel free to ask me whether I want additional information over the course of my treatment.

OPTION 3

I want to participate in my treatment, but I DON’T want to receive any information on my prognosis.

OPTION 4

I don’t wish to know any information about my prognosis, but I authorize you to speak with _____ about my case and for you to answer any questions that this person may have about my likely prognosis and treatment.