

# Michigan Physician Order for Scope of Treatment (MI POST)

## Discussion Sheet

*It is recommended that you complete this form with your patient advocate/loved ones and then schedule an appointment with your health care provider.*

Do I meet the criteria for MI POST? (1 or more may apply)

- My illness puts me at risk for increased hospitalizations.
- My illness makes it difficult for me to take care of myself.
- I worry about my illness getting worse and shortening my life.
- My doctors have told me that I have fewer treatment options/I'm running out of options.
- My illness will continue to get worse.
- I am frail and I worry that I will receive care I don't want.
- I have a life threatening illness.

What should I talk about with my health care provider?

- Information about my current medical problems.
- Understanding my anticipated future care needs given my current medical problems.
- My goals for living a meaningful life.
- My idea of a "good" death.
- Ask: Given the progression of my condition, would they be surprised if I were to die in the next year?
- Ask: Would CPR help me achieve my goals?

Other questions that I have:

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For additional information about MI POST, to view Frequently Asked Questions and to print off a form, go to the Michigan Department of Health and Human Services website: [MI-POST \(michigan.gov\)](https://www.michigan.gov/MI-POST)