Dignity Therapy Contact & Process Tracking Form

Contact #1 – Pre-Interview Call – By Phone:

| Patient Name | Today’s Date (Phone Call) |
|--------------|---------------------------|
| Phone Number | Name of Caller Today      |
| Email Address (optional) | Role of Above (RA, RN, Chaplain) |
| Age          | Confirm Consent has been Completed |
| Cancer – Diagnosis (Type) | Yes ☐ No ☐ |
| Date of Diagnosis | Next Appointment (DT Interview) |
| Stage        |                           |

Before beginning, confirm patient’s understanding about the Dignity Therapy interview:

- Do you know what Dignity Therapy is? (If no, say: The purpose of Dignity Therapy is to create a written document with the thoughts and words that you want to share with your loved ones.)
- Would creating a legacy document be meaningful to you at this time?
- Would you like me to review this with you before I proceed with my questions?

Goals for this call:

- Learn a little something about who the patient is (e.g., marital status; living arrangements, vocation; understanding of diagnosis; for whom their legacy document is intended)
- Inform the patient that the goal for the call is to review what the patient would want included in his/her legacy document
- Encourage the patient to think about the questions in advance of the session
- Remind the patient it is not all about biography; for many it is about lessons learned, passing along wisdom, providing comfort to loved ones, etc.

Learn from Patient:

1. What are your important goals of creating the legacy document?

2. Who are the family members in your immediate circle (names, relationships)?

3. Are there things I should be aware of that you hope to avoid speaking about in our conversation?

4. Confirm the patient has the list of Questions and orient him/her to think about the things he/she wants to address when you meet in person for the interview session—the important goals of creating this legacy document.

Yes ☐ No ☐

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## Contact #2 – DT Interview – In Person:

| Update Contact Info | Today’s Date (Interview) |
|---------------------|--------------------------|
| Patient prefers to receive final document via -<br>- in person □<br>- Mail □<br>- Email □ | Name of DT Therapist |
| Does patient wish to designate another to receive their Legacy Document if they are not available when it is completed?<br>- Yes □<br>- No □ | Role (RN, Chaplain) |
| If Yes to above, note the Designee’s Name, Relationship, Phone & Email | |

## Contact #3 – Review of Edited Draft Legacy Document – In Person:

| Update Contact Info | Today’s Date (Transcript Review) |
|---------------------|----------------------------------|
| Editing completed per protocol<br>- Yes □<br>- No □ | Name of DT Therapist |
| Legacy Document read to patient?<br>- All □<br>- Part □<br>- None □<br>   - If not read, note reason | Role (RN, Chaplain) |
| Does the patient wish to make any changes to the document?<br>- Yes □<br>- No □ | |
| If Yes, have changes been made and submitted to Amelia?<br>- Yes □<br>- No □<br>- N/A □ | |

## Contact #4 – Legacy Document Presentation – In Person, by Mail, or by Email:

| Update Contact Info | Today’s Date (Legacy Document Presentation) |
|---------------------|---------------------------------------------|
| Format of Document<br>- Hardcopy In Person □<br>- Hardcopy by Mail □<br>- Email □ | Role of Above (RA, RN, Chaplain) |
| Recipient of Document (Name & Relationship to Patient): | |
| Recipient’s Address & Phone: | |

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