Values History Form –
Virginia Public Guardian & Conservator Program

PURPOSE OF THIS FORM
Although individuals served by the Virginia Public Guardian & Conservator Program are legally incapacitated at the time of appointment, there are varying degrees of incapacity. For example, some individuals need a great amount of assistance while others may need very little assistance. No two individuals are exactly the same. Because of this, and to the extent possible, Public Guardians must encourage the individuals served to participate in decisions, to act on his/her own behalf, and to develop or regain the capacity to manage his/her own personal affairs to the extent feasible (Public Guardian Regulation 22VAC5-30-30, Virginia Administrative Code). This Values History Form is based on Person-Centered Practices and serves as documentation as to what an individual considers important to live a good life and what the individual may or may not desire in certain circumstances.

INSTRUCTIONS
✓ **Effective Date**: This form is required for every Public Guardian and Conservator appointment dated on or after January 1, 2013.
✓ **What if an Individual is unable to respond to the entire form?** If an individual is unable to respond to all areas of the Values History Form, then an attempt should still be made to include responses for any areas that they can respond to (for example, an individual may be nonverbal but still able to “communicate” desires through gestures or facial expressions, etc.).
✓ **What if an individual is unable to respond at all?** If an individual is unable to respond to any area of the Values History form, then second-hand information, if available, may be obtained from another source if appropriate. For example, secondary information may be obtained from family members, friends, support coordinators and service providers. Secondary information may also include documents such as past social assessments, plans for supports, etc.
✓ **Waivers**: Generally, the Values History Form should be completed, to the extent possible, for each individual served by the program on or after January 1, 2013. If information cannot be obtained from the individual or a reliable secondary source, then the “Waiver” box should be checked and the reason(s) stated.
✓ **Conservator Only**: If you serve only as an individual’s Conservator (and not as the individual’s Guardian), then you may skip sections 1 through 6 (Please complete only sections 7 and 8).

VALUES HISTORY

NAME: ___________________________________________ DATE(s): _______________________

COMPLETED BY: _____________________________________________________________________

BASED UPON INFORMATION FROM: ____________________________________________________

☐ Waiver – I am unable to complete any portion of the values history form because:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Program Director’s Signature: ___________________________ Date: ________________

Department for Aging and Rehabilitative Services (Effective 1/1/2013)
COMMUNICATION TIP
If the individual does not understand a question as written, it is ok to simplify the language (re-state it in your own words) so that the individual understands what you are asking him/her.

SECTION – 1 – YOUR LIVING ENVIRONMENT

(A). Do you like living with others or by yourself?

(B). Do you like where you are living now? Why?

SECTION – 2 – YOUR HEALTH

(A). How is your current health?

(B). Do you have any pain? Does it affect your ability to do the activities/things you enjoy?

(C). Do you trust doctors in general?

(D). Do you like your current doctors?

(E). How do you like your caregivers including, nurses, therapists, social workers, etc.?

SECTION – 3 – YOUR THOUGHTS CONCERNING INDEPENDENCE AND CONTROL

(A). How important is independence and self-sufficiency in your life?

(B). If you became really sick and unable to think clearly, is it ok to get you some help?

(C). Are there some things you would like us to know ahead of time to make sure your wishes are respected (even if it puts your health and safety at risk)?

SECTION – 4 – YOUR PERSONAL RELATIONSHIPS

(A). Who are the most important people in your life? Why?
(B). What role do other family members and friends have in your life?

____________________________________________________________________________________
____________________________________________________________________________________

(C). Are there individuals that you want involved in your life? Are there other individuals that you want involved in your life if you are diagnosed with a terminal illness? (Names, Phone Numbers, and Addresses)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SECTION – 5 – YOUR RELIGIOUS BACKGROUND, CULTURE AND BELIEFS

(A). What religion, if any, do you prefer?

____________________________________________________________________________________
____________________________________________________________________________________

(B). How do your religious beliefs affect your attitude toward serious or terminal illness?

____________________________________________________________________________________
____________________________________________________________________________________

(C). Do you have membership in a particular faith community location, church, temple or synagogue?

____________________________________________________________________________________
____________________________________________________________________________________

(D). How does your faith community, culture, church, temple or synagogue view the role of prayer or religious sacraments in any illness?

____________________________________________________________________________________
____________________________________________________________________________________

(E). Apart from religion, are there any other cultural and/or personal beliefs that are important to you?

____________________________________________________________________________________
____________________________________________________________________________________

SECTION – 6 – YOUR OVERALL ATTITUDE TOWARD LIFE, ILLNESS AND DEATH

(A). What activities do you enjoy?

____________________________________________________________________________________
____________________________________________________________________________________

(B). What is a “good day” like for you?

____________________________________________________________________________________
____________________________________________________________________________________

(C). Are you satisfied with what you have achieved in life?

____________________________________________________________________________________
____________________________________________________________________________________

(D). What makes you laugh/cry?

____________________________________________________________________________________
(E). What do you fear most? What frightens or upsets you?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(F). Do you have goals for the future? __________ If yes, list the goals:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

END OF LIFE DISCUSSION TIP
This topic may affect individuals differently. For example, some individuals may not wish to discuss
the topic at all while others may become frightened or uncomfortable communicating their feelings about
death/dying. Do not force this discussion on the individual. If the individual clearly does not wish to listen
to end of life-type questions, then please move on to the next section.

\textbf{\textbullet\ Note: This is the same question asked in Section 4; it is included here again as a transition tool.}

(G). Are there individuals that you want involved in your life if you are diagnosed with a terminal illness?
(Names, Phone Numbers, and Addresses)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(H). How do you feel about death and dying?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(I). What will be important to you if you are dying (e.g., physical comfort, no pain, family/friends present,
etc.)?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(J). Where would you prefer to die (e.g., home hospice, hospital, etc.)?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(K). How do you feel about the use of life sustaining measures in the face of terminal illness?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(L). Have you made or do you have funeral arrangements already in place? If so, with whom?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SECTION – 7 – YOUR ATTITUDE CONCERNING FINANCES

(A). What do you like to spend money on?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
(B). Do you like saving your money? If yes, why?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(C). How do you feel about working to earn money?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(D). If you want to work, what type of work are you interested in doing and how often?
____________________________________________________________________________________
____________________________________________________________________________________

SECTION – 8 – ANYTHING ELSE YOU WANT ME TO KNOW?

Is there anything you want to tell me that I have not asked you already?  YES_____  NO_____  _____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

END OF INFORMATION FROM INDIVIDUAL

Additional Comments, Updates and/or Notes from the Public Guardian/Conservator:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Program Director’s Signature: _________________________________  Date: _____________