

Health Care Directive

My choices

Mark the lines you will initial. On signing day, copy them onto your real form.

My name _____

My initials _____

After your death

On your paper, look for: **(5) POWERS OF HEALTH CARE AGENT AFTER DEATH**

Initial a line here only to change what your agent may decide.

☐**No autopsy** Says no

An autopsy is a medical exam of the body to find the cause of death. Initial this and your agent may not allow one. One may still be done if the law requires it. Leave it empty and your agent may decide.

On the form: My health care agent will not have the power to authorize an autopsy of my body ...

☐**No giving my body to a medical study** Says no

Initial this and your agent may not give your body to a medical school or a medical study.

On the form: My health care agent will not have the power to make a disposition of my body for ...

☐**No organ donation** Says no

Initial this and your agent may not donate your organs.

On the form: My health care agent will not have the power to donate any of my organs.

☐**A different person decides my burial or cremation**

Leave this empty and your health care agent decides. Initial it only if you want a different person to decide. Then write that person's name, address, and phone number on the lines under it. Most people leave this empty.

On the form: I want the following person to make decisions about the final disposition of my ...

Name _____

Address _____ Phone _____

☐**Buried**

OR

☐**Cremated**

When your end-of-life choice applies

On your paper, look for: **(6) CONDITIONS**

Initial one, both, or neither.

☐

A terminal condition

You have an illness or injury that cannot be cured and you will die from it soon.

On the form: A terminal condition, which means I have an incurable or irreversible condition ...

☐

Permanent unconsciousness

You are not aware of yourself or what is around you, and doctors say that will not change.

On the form: A state of permanent unconsciousness, which means I am in an incurable or ...

Your end-of-life choice

On your paper, look for: **(7) TREATMENT PREFERENCES**

Initial one: (A), (B), or (C).

☐

(A) Keep me alive as long as possible

Keep me alive as long as you can. Use every medicine and machine, and a feeding tube if I need one.

On the form: Try to extend my life for as long as possible, using all medications, machines, or ...

OR

☐

(B) Allow my natural death

Let me die naturally. No medicine, machines, or other treatment that only keeps me alive and cannot cure me. No food or water through a tube, unless it is needed to give me pain medicine.

On the form: Allow my natural death to occur. I do not want any medications, machines, or other ...

OR

☐

(C) Natural death, except what I initial under it

The same as (B), but you keep the kinds of care you initial under it. Choose (C) first. Then initial any of the four you want.

On the form: I do not want any medications, machines, or other medical procedures that in ...

☐

Food by tube

☐

Fluids by tube

☐

A ventilator

☐

CPR

Guardian

On your paper, look for: **PART THREE: GUARDIANSHIP**

Initial (A) or (B), or leave both empty.

☐

(A) My health care agent

You want your health care agent to be your guardian.

On the form: I nominate the person serving as my health care agent under PART ONE to serve as my ...

OR

☐

(B) A different person

You want a different person. Write that person's name, address, and phone number on the lines under it.

On the form: I nominate the following person to serve as my guardian:

Name _____

Address _____ Phone _____

Start and end dates

On your paper, look for: **PART FOUR: EFFECTIVENESS AND SIGNATURES**

Leave this line empty.

☐

Leave this line empty

On the form: This advance directive for health care will become effective on or upon _____ and ...

On signing day

- 1 Initial **only the lines you marked**.
- 2 Leave **every other initial line empty**. Do not write "no" or draw a line through it.
- 3 Initial **only while your 2 witnesses are watching**.