

Health Care Directive Questionnaire

A health care directive can do two things; first, it can declare what your wishes are in regards to certain health care decisions that you may be unable to make if you become incapacitated and unable to make decisions. Second, in the absence of a situation where a declaration does not exist, you can name an agent to make your health decisions for you. Your directive can do one of these things only or both.

Please fill out the following form if you would like to have a health care directive drafted as part of your comprehensive estate plan.

Legal Name: _____ Birth Date (mm/dd/yyyy): _____

Person I choose to act as my health care agent when I am unable to make healthcare decisions for myself.

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

If my first choice is unable to serve, then I choose:

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

My Health Care Agent's Powers: Choose all that apply

Make any health care decision for me. This includes the power to give, refuse, or withdraw consent to any care, treatment, service, or procedures. This includes deciding whether to stop or not start health care that is keeping me or might keep me alive, and deciding about intrusive mental health treatment.

- Choose my health care providers.
- Choose where I live and receive care and support when those choices relate to my health care needs.
- Review my medical records and have the same rights that I would have to give my medical records to other people.
- There are no limitations I wish to add to the above four powers.
- My health care agent may decide whether to donate my organs when I die.
- My health care agent may decide what will happen with my body when I die (burial/cremation)
- Additional Powers of my health care agent: _____

Beliefs and values about my health care that I desire my agent to know:

My goals for my health care: _____

My fears about my health care: _____

My spiritual or religious beliefs and traditions: _____

My beliefs about when life would be no longer worth living: _____

My thoughts about how my medical condition might affect my family: _____

Many medical treatments may be used to try to improve a medical condition or prolong life. Examples include artificial breathing by a machine connected to a tube in the lungs, artificial feeding or fluids through tubes, attempts to start a stopped heart, surgeries, dialysis, antibiotics and blood transfusions. Most medical treatments can be tried for a while and then stopped if they do not help.

I have these views about my health care in these situations:

(Note: You can discuss general feelings, specific treatments, or leave any of them blank.)

If I had a reasonable chance of recovery, and were temporarily unable to decide or speak for myself, I would want _____

If I were dying and unable to decide or speak for myself, I would want _____

If I were permanently unconscious and unable to decide or speak for myself, I would want _____

If I were completely dependent on others for my care and unable to decide or speak for myself, I would want _____

In all circumstances, my doctors should try to keep me comfortable and reduce my pain. This is how I feel about pain relief if it would affect my alertness or if it could shorten my life: _____

There are other things that I want or do not want for my health care, if possible:

Who I would like to be my doctor: _____

Where I would like to live to receive health care: _____

Where I would like to die or other wishes I have about dying: _____

My wishes about donating parts of my body when I die: _____

My wishes about what happens to my body when I die (cremation, burial): _____

Any other things: _____

