

HEALTH CARE DIRECTIVE

ADDITIONAL WISHES

These are instructions for my health care when I am unable to decide or speak for myself. These instructions must be followed (so long as they address my needs). *This needs to be attached/included with your notarized health care directive completed as part of your official estate plans.*

THESE ARE MY BELIEFS AND VALUES ABOUT MY HEALTH CARE

I want you to know these things about me to help you make decisions about my health care:

My goals for my health care:

My fears about my health care:

I hope that my end-of-life care will:

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:

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THIS IS WHAT I WANT AND DO NOT WANT FOR MY HEALTH CARE

Many medical treatments may be used to try to improve my medical condition or to prolong my 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:

If I were pregnant, and my pregnancy would affect health care decisions, I would want:

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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:

If I am in a health care facility, and my agent were to want to visit me, I would like:

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

My wishes about what happens to my body when I die:

Any other things:

Dated: _____

I am thinking clearly, I agree with everything that is written in this document, and I have made this document willingly. These instructions are an attachment to my notarized Health Care Directive.

(Signature of Principal)