

**SUMMARY OF WISHES FOR HEALTHCARE for:**

\_\_\_\_\_  
[Legal Name]

This is not a legal document. It has been created so that people will know what the named person wants in the event that they are unable to speak for themselves or/and near the end of their life.

This document is a summary of my choices about my healthcare. It is meant to inform and guide whoever will make healthcare for me, if I become unable to make my own healthcare decisions. I understand that such inability may only be temporary. When I can make my own healthcare decisions I want to do so. Even when I cannot make my own healthcare decisions, I want my care providers and healthcare decision maker(s) to talk to me honestly about my body / mind.

**Decisions to consider:**

- \_\_\_\_\_ Consenting \_\_\_\_\_ Not Consenting to medical treatments that are experimental.
- \_\_\_\_\_ Consenting \_\_\_\_\_ Not Consenting to donating organs/tissues.
- \_\_\_\_\_ Consenting \_\_\_\_\_ Not Consenting to an autopsy.
- \_\_\_\_\_ Consenting \_\_\_\_\_ Not Consenting to use of all or part of my body for medical education or research.
- \_\_\_\_\_ Consenting \_\_\_\_\_ Not Consenting to life support (CPR, Oxygen, Breathing machine, feeding tube)
- \_\_\_\_\_ Consenting \_\_\_\_\_ Not Consenting to my body being buried.
- \_\_\_\_\_ Consenting \_\_\_\_\_ Not Consenting to my body being cremated.
- \_\_\_\_\_ Consenting \_\_\_\_\_ Not Consenting \_\_\_\_\_.
- \_\_\_\_\_ Consenting \_\_\_\_\_ Not Consenting \_\_\_\_\_.
- \_\_\_\_\_ Consenting \_\_\_\_\_ Not Consenting \_\_\_\_\_.

**Additional comments, directions, and wishes for my healthcare are:**

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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Witness (optional)

\_\_\_\_\_  
Date