

Healthcare Directive

Attorney-In-Fact

Name: _____

Address: _____

Phone Number: _____

Have I spoken to this person about this appointment? Yes No

Successor Attorney-In-Fact

Name: _____

Address: _____

Phone Number: _____

Have I spoken to this person about this appointment? Yes No

Successor to the Successor Attorney-In-Fact

Name: _____

Address: _____

Phone Number: _____

Have I spoken to this person about this appointment? Yes No

OPTIONAL: Information for anyone you would encourage your agent to consult with prior to making any decisions. This does not limit the scope of people your agent could consult, it only serves to point them in a certain direction.

NAME	PHONE NUMBER

If my doctors certify that my death from a terminal condition is imminent, even if life sustaining procedures are used:

(If you want to make your preference known please check one box)

	Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.
	Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.
	Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgement would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

If my doctors certify that I am in a persistent vegetative state, that is, if I am not conscious and am not aware of myself or my environment or able to interact with others, and there is no reasonable expectation that I will ever regain consciousness:

(If you want to make your preference known please check one box)

	Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.
	Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.
	Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgement would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

If my doctors certify that I am in an end-stage condition, that is, an incurable condition that will continue in its course until death and that has already resulted in loss of capacity and complete physical dependency.

(If you want to make your preference known please check one box)

	Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.
	Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.
	Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgement would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

No matter what my condition, give me the medicine or other treatment I need to relieve pain.

(Please Check One)

	YES
	NO

CHECK ONE: Stated Preferences

	I realize I cannot foresee everything that might happen after I can no longer decide for myself. My stated preferences are meant to guide whoever is making decisions on my behalf and my health care providers, but I authorize them to be flexible in applying these statements if they feel that doing so would be in my best interest.
	I realize I cannot foresee everything that might happen after I can no longer decide for myself. Still, I want whoever is making decisions on my behalf and my health care providers to follow my stated preferences exactly as written, even if they think that some alternative is better.

CHECK ONE: Upon my death I wish to donate my organs:

	Any needed organs, tissues, or eyes.
	Only the following organs, tissues or eyes:

	I do not wish to donate my organs.

CHECK ALL THAT APPLY: I authorize the use of my organs, tissues, or eyes:

	For transplantation.
	For therapy.
	For research.
	For medical education.
	For any purpose authorized by law.

After any organ donation do you wish for your body to be donated for use in a medical study program?

- If you wish to do this, most jurisdictions require you to pre-register prior to death as an anatomical donor to the jurisdiction's specific program.

(Please Check One)

	YES
	NO