

ADVANCED HEALTH CARE DIRECTIVE QUESTIONNAIRE

An AHD allows you to have legal control over your Health Care Treatment in the event that you are unable to speak for yourself. In the AHD, you will nominate a Durable Power of Attorney for Health Care decisions, and an alternate if you choose to do so. The AHD communicates your quality-of-life instructions and organ donation specifications, so no one is left to make tough decisions for you.

Full Name: _____

Part 1 – Power of Attorney for Health Care – People you want to act on your behalf in making health care decisions.

#1 Agent: Name: _____

Relationship: _____

Address: _____

Telephone Number: (cell, work, home): _____

Email: _____

Alternate Agent (Optional) Name: _____

Relationship: _____

Address: _____

Telephone Number: (cell, work, home): _____

Email: _____

Alternate Agent (Optional) Name: _____

Relationship: _____

Address: _____

Telephone Number: (cell, work, home): _____

Email: _____

Part 3 – Donation of Organs at Death

_____ I give any needed organs, tissues, or parts

_____ I give the following organs, tissues, or parts only: _____

_____ I do not wish to donate organs, tissues, or parts.

If donating any parts, reason for donating: Transplant / Therapy / Research / Education / Anything

Part 4 – Primary Physician

Name of Physician: _____

Address: _____

Telephone: _____

Part 5 Witness's – 2 Witness or Notary *Witness cannot be related by blood, marriage, or adoption*

Is person in Skilled Nursing Facility Yes / No

Name of Facility: _____

Phone Number: _____