

# ADVANCE HEALTH CARE DIRECTIVE FORM

Date: \_\_\_\_\_

Your Name: Last First Middle initial

Street Address City State Zip

## Part 1: INDIVIDUAL INSTRUCTIONS FOR HEALTH CARE

### The following statements only apply

- if I am close to death and life support would only postpone the moment of my death **OR**
- if I am in an unconscious state such as an irreversible coma or a persistent vegetative state and it is unlikely that I will ever become conscious **OR**
- if I have brain damage or a brain disease that makes me permanently unable to make and communicate health-care decisions about myself.

(INITIAL ONLY ONE (1) CHOICE IN EACH SECTION and CROSS OUT ALL THAT DO NOT APPLY.)

### A. CHOICE TO PROLONG OR NOT TO PROLONG LIFE

\_\_\_ YES, I do want to have my life prolonged as long as possible within the limits of generally accepted health-care standards that apply to my condition.

**OR**

\_\_\_ NO, I do not want my life prolonged.

### B. ARTIFICIAL NUTRITION AND HYDRATION (FOOD AND FLUIDS) BY TUBE INTO STOMACH OR VEIN

\_\_\_ YES, I do want artificial nutrition and hydration.

**OR**

\_\_\_ NO, I do not want artificial nutrition and hydration.

### C. RELIEF FROM PAIN

\_\_\_ YES, I do want treatment to relieve my pain or discomfort.

**OR**

\_\_\_ NO, I do not want treatment to relieve my pain or discomfort.

### D. ETHICAL, RELIGIOUS, OR SPIRITUAL INSTRUCTIONS (OPTIONAL)

Is there a church, temple, spiritual group or a special person from whom you wish to receive spiritual care?

Name: Phone

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**E. DO YOU WANT HOSPICE CARE, IF APPROPRIATE?** \_\_\_ YES \_\_\_ NO

(Hospice provides physical, psychosocial, emotional, and spiritual support and counseling for the patient and his/her family. Hospice is available in home, hospital, hospice-unit, and nursing home settings.)

### F. PRIMARY CARE PHYSICIAN

Name: Phone

### G. OTHER WISHES:

If you do not agree with any of the choices above or wish to add other instructions, including body and organ donation, you may add pages. If you are or could become pregnant, consult your doctor, and consider adding special instructions suspending or adding provisions. Remember to sign, date, witness or notarize additional pages. File a copy with:

- Doctor copy     Family Copy     Agent Copy     [www.myhealthdirective.com](http://www.myhealthdirective.com)

