Advance Health Care Directive

Your full name: _____ **Date:** _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy **Address:** _____

Phone: _____ **Primary physician:** _____

READ THIS FIRST

State requirements differ, and they matter

Advance directives are governed by state law. Some states require two witnesses, some require a notary, some require both, and most bar your health care agent, your doctor and anyone who stands to inherit from acting as a witness. Many states publish their own statutory form, which is the safest one to use. Check your state's requirements before you sign, or this document may not be honoured.

This worksheet helps you think through and record your wishes. Use it to prepare, then complete your state's official form, or have an attorney draft one for you.

PART 1 - YOUR HEALTH CARE AGENT

Your agent is the person who will make health care decisions for you if you cannot make them yourself. Choose someone who will be reachable, who will follow your wishes rather than their own, and who can hold their ground under pressure.

Agent's full name: _____ **Relationship:** _____

Address: _____ **Home phone:** _____

Mobile phone: _____ **Email:** _____

Alternate agent's name: _____ **Relationship:** _____

Phone: _____ **Email:** _____

When does your agent's authority begin

◯ Only when my physician determines I cannot make my own decisions ◯ Immediately

Any limits on your agent's authority

PART 2 - YOUR TREATMENT WISHES

These statements describe what you would want if you had a terminal condition, were permanently unconscious, or were otherwise unlikely to recover. Mark the one that comes closest, then add detail in your own words.

Overall approach

◯ Prolong my life as long as possible, using all available treatment
◯ Provide treatment unless the burden outweighs the expected benefit
◯ Focus on comfort, and do not prolong my life with aggressive treatment

Cardiopulmonary resuscitation

◯ I want it ◯ I do not want it ◯ Only if / notes

Mechanical ventilation

◯ I want it ◯ I do not want it ◯ Only if / notes

Dialysis

◯ I want it ◯ I do not want it ◯ Only if / notes

Tube feeding and fluids

◯ I want it ◯ I do not want it ◯ Only if / notes

Antibiotics for a new infection

◯ I want it ◯ I do not want it ◯ Only if / notes

Blood transfusion

◯ I want it ◯ I do not want it ◯ Only if / notes

Transfer to intensive care

◯ I want it ◯ I do not want it ◯ Only if / notes

Hospital admission from home

◯ I want it ◯ I do not want it ◯ Only if / notes

In my own words, what matters most to me about how I live and how I am cared for

What would make life not worth prolonging, for me

PART 3 - COMFORT, ORGAN DONATION AND OTHER WISHES

Comfort care

Comfort care preferences

- ☐ I want pain relief even if it may shorten my life
- ☐ I want to be kept clean and comfortable
- ☐ I want to die at home if possible
- ☐ I want spiritual or religious support
- ☐ I want specific people with me

Organ and tissue donation

Organ and tissue donation preference

◯ I wish to donate any needed organs and tissue ◯ I wish to donate only specified organs ◯ I do not wish to donate
◯ My agent should decide

Specified organs, funeral wishes, and anything else you want known

PART 4 - SIGNATURE

I am of sound mind and at least 18 years old. I sign this document freely and voluntarily.

Your signature
Date: _____ dd / mm / yyyy

Witnesses Most states bar the following from witnessing: your health care agent, your attending physician, an employee of your health care provider, and anyone entitled to part of your estate. Check your state's rule before choosing witnesses.

Witness 1 signature

Witness 2 signature

Witness 1 printed name: _____ **Witness 1 address:** _____

Witness 2 printed name: _____ **Witness 2 address:** _____

Notary (if required by your state): _____ **Date notarised:** _____ dd / mm / yyyy

After signing, give a copy to

- [ ] Your health care agent and alternate
- [ ] Your primary physician
- [ ] Your hospital or health system
- [ ] Your family
- [ ] Your attorney
- [ ] Keep the original somewhere findable - not in a safe deposit box

Sources: General-purpose worksheet. Not legal advice. Complete your state's official advance directive form to make your wishes legally effective.