

Advance Directives

Step 1: Designation of Health Care Surrogate

Fill this out if you wish to choose someone to make all your health care decisions for you if you become too sick to tell others what you want. This person is called your Surrogate.

I, _____, wish to designate as my surrogate for all health care decisions:

Name: _____

Phone: _____

Address: _____

Relationship: _____

If my surrogate is unwilling or unable to perform his/her duties, I wish to designate as my ALTERNATE SURROGATE:

Name: _____

Phone: _____

Address: _____

Step 2: Living Will

Fill this out if you choose not to have life-prolonging treatments. If you choose a surrogate in Step 1, your surrogate must follow the directives you give in Step 2.

I, _____, willfully and voluntarily make known my desire that my dying shall not be prolonged under the circumstances set forth below:

If at any time I should suffer from a terminal condition or permanent vegetative state and if my attending or treating physician and another consulting physician have determined that there can be no recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

Other Special Instructions: _____

Step 3: Organ Donation

Fill this out if you wish to donate your organs at death. Your family will make the final decision, but this will tell them your wishes.

Upon my death, I wish to donate any part of my body for the purpose of transplantation and/or research.

YES NO

Specifically, I wish to donate only certain parts of my body as follows: _____

Step 4: Signature

Sign the form. Have two witnesses sign the form. Tell others about your decision and give copies to your doctor, family and hospital.

I understand the importance of the declaration, and I am emotionally and mentally competent to make this declaration. These directions express my legal right to preserve my right of privacy and self-determination. Therefore, I expect my family, physician, and all those concerned with my care to regard themselves as legally and morally bound to act in accord with my wishes.

Signature

Witness to Signature

Relationship

Witness to Signature

Relationship

Date

One witness shall not be a spouse, blood relative or surrogate.