

GOLD LAW, A Professional Corporation

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MEDICAL POWER OF ATTORNEY QUESTIONNAIRE

YOUR NAME: _____

1. Name of individual you want to appoint as your health care agent: _____

Contact information: _____

Name of First Alternate Agent: _____

Contact information: _____

Name of Second Alternate Agent: _____

Contact information: _____

2. Assuming you are unable to make your own medical decisions, do you want to grant your agent the authority to make all healthcare decisions for you?

_____ Yes _____ No

Exceptions: (Agent has no authority to make the following decisions regarding medical care:

3. Initial if you authorize your agent to sign documents on your behalf, such as:

- a. _____ "Refusal to Permit Treatment"
- b. _____ "Leaving Hospital Against Medical Advice".
- c. _____ Any necessary waiver or liability release required by a hospital or physician.

4. **Conservatorship:** Do you authorize the agents listed in paragraph one to act as conservator of your person if necessary?

_____ Yes _____ No

If no, please designate the individual(s) you want to act as conservator of your person?

5. **End of life decisions:** Please initial by your choice

___ Option 1. I do not want my life to be prolonged and I do not want life-sustaining treatment to be provided or continued if the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering and the quality as well as the extent of the possible extension of my life in making decisions concerning life-sustaining treatment.

___ Option 2. If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians, and where the application of life-sustaining procedures would serve only to artificially prolong the moment of my death and where my physician determines that my death is imminent whether or not life-sustaining procedures are utilized, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally.

___ Option 3. I want my life to be prolonged and I want life-sustaining treatment to be provided unless I am in a coma which my doctors reasonably believe to be irreversible. Once my doctors have reasonably concluded I am in an irreversible coma, I do not want life-sustaining treatment to be provided or continued.

___ Option 4. I want my life to be prolonged to the greatest extent possible without regard to my condition, the chances I have for recovery or the cost of the procedures.

___ Other or additional statements or desires, special provisions, or limitations:

6. **Relief from pain:**

Do you want treatment for alleviation of pain or discomfort even if it hastens your death?

_____ Yes _____ No

Do you authorize your agent to direct treatment for alleviation of pain or discomfort even if it hastens your death?

_____ Yes _____ No

Exceptions or special instructions:

7. Use of a ventilator:

If it becomes necessary, do you want to be placed on a ventilator/breathing machine?

_____ Yes _____ No

Do you want your agent to have authority to remove the ventilator even if it hastens your death?

_____ Yes _____ No

Exceptions or Special Instructions:

8. Use of a feeding tube:

If it becomes medically necessary, do you want to use a feeding tube?

_____ Yes _____ No

If it becomes medically necessary, do you want to use a feeding tube even if it hastens your death?

_____ Yes _____ No

Do you want your agent to have authority to remove the feeding tube even if it hastens your death?

_____ Yes _____ No

Exceptions or Special Instructions:

9. Donation of Organs:

Do you want your organs donated? _____ Yes _____ No

If yes:

_____ Option 1. Any needed organs, tissues or parts.

_____ Option 2. The organs, tissues or parts listed:

Purpose of donation: Your donation will be only for the purposes initialed below:

___ Any and all purposes OR

___ Transplant _____ Therapy _____ Research _____ Education

10. Autopsy:

Do you want to consent to an examination of your body after death to determine cause of death?

_____ Yes _____ No

Do you want your agent to have authority to give consent?

_____ Yes _____ No

11. Disposition of Remains:

Special instructions regarding disposition of your remains:

Do you want your agent to determine disposition of your remains?

_____ Yes _____ No

Have you already made arrangements with any company/organization regarding burial or cremation? If so, please provide information:

Special instructions regarding the preparation of your body for disposition:

Name: _____

Signature: _____

Dated: _____

City and State: _____