

484 Mobil Avenue, Suite 26
Camarillo, CA 93010
Telephone: (805) 388-8800
Fax: (805) 987-7058

21900 Burbank Blvd, 3rd Floor
Woodland Hills, CA 91367
Telephone: (818)465-2669
Fax: (818)436-2936
www.goldlawcorp.com

hg@goldlawcorp.com
mg@goldlawcorp.com
mss@goldlawcorp.com
sk@goldlawcorp.com
fjf@goldlawcorp.com

ADVANCE HEALTH CARE DIRECTIVE QUESTIONNAIRE

YOUR NAME: _____

Complete one Advance Health Care Directive Questionnaire per person.

1. Health Care Agents

- a. Name of individual(s) you want to appoint as your agent/power of attorney for health care: _____
- b. Name of first alternative agent(s): _____
- c. Name of second alternative agent(s): _____

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

If no, complete the following: My agent has no authority to make the following decisions regarding medical care:

3. Assuming you are unable to make your own medical decisions, do you authorize your agent to sign the following documents on your behalf?

- a. Yes No "Refusal to Permit Treatment"
- b. Yes No "Leaving Hospital Against Medical Advice"
- c. Yes No Any necessary waiver or liability release required by a hospital or physician.

4. Conservatorship

Do you authorize the agents listed in part 1 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

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death is imminent whether or not life-sustaining procedures are utilized, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally.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. Organ Donation

a. Do you want your organs donated upon your death? Yes No

If yes, do you want to donate:

any needed organs, tissues or parts, or

only the organs, tissues or parts listed:

b. Purpose of donation: Your donation will be only for the purposes chosen below:

Any and all purposes

OR

Transplant Therapy Research Education

c. Have you registered for the Donate Life California Donor Registry (through the DMV or at donatelifecalifornia.org)?

Yes No

10. Autopsy

Do you 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 to an autopsy?

Yes No

11. Disposition of Remains

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

Yes No

If no, who may direct disposition of your remains: _____

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

c. Special instructions regarding disposition of your remains:

d. Special instructions regarding the preparation of your body for disposition: