

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. When Agent's Authority Becomes Effective

- ☐ Upon incapacity – My agent's authority becomes effective when my primary physician determines that I am unable to make by own health care decisions, or
- ☐ Immediately – My agent's authority to make health care decisions for me takes effect immediately.

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

☐ DO NOT Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, OR

☐ Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

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

6. 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

7. 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

8. 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:

Dated: _____

Signature