



POWER OF ATTORNEY - HEALTHCARE

FAMILY LAW - BANKRUPTCY LAW - IMMIGRATION LAW - SOCIAL SECURITY LAW

QUESTIONNAIRE

1. Patient Advocate (primary person entrusted to make health care decisions on your behalf)

- A. Full Name: _____
- B. Address: _____
- C. Phone: _____

2. Successor Patient Advocate(s) (secondary person(s) named if Patient Advocate cannot act)

- A. Full Name: _____
- B. Address: _____
- C. Phone: _____

- A. Full Name: _____
- B. Address: _____
- C. Phone: _____

3. State in your own words the specific Instructions Regarding Care **you do want**.

(Example: I direct that reasonable measures be taken to keep me as comfortable as possible and relieve pain to the greatest extent possible. I understand that this decision could or would allow me to die.)

4. State in your own words the specific Instructions Regarding Care **you do NOT want**.

(Example: I do not want my life to be prolonged by providing or continuing life-sustaining treatment including electrical defibrillation, manually assisted ventilations, mechanically assisted ventilations, tracheal intubation, chest compressions, no IV's except infusion of pain control medication and no feeding tube if my doctors agree that the following medical conditions exist:

1. I am in an irreversible coma or persistent vegetative state and/or
2. I am terminally ill and any life sustaining procedures would serve only to artificially delay my death.

You also may want to choose one of the instructions regarding life-sustaining treatment listed below. If so Circle one of the choices.

Choice 1: I do not want my life to be prolonged by providing or continuing life-sustaining treatment if any of the following medical conditions exist:

I am in an irreversible coma or persistent vegetative state.

I am terminally ill and any sustaining procedures would serve only to artificially delay my death.

Under any circumstances where my medical condition is such that the burdens of the treatment outweigh the expected benefits. In weighing the burdens and benefits of treatment, I want my Patient Advocate to consider the relief of suffering and the quality of my life as well as the extent of possible prolonging my life.

I understand that this decision could or would allow me to die.

Choice 2: I want my life to be prolonged by life-sustaining treatment unless I am in a coma or vegetative state, which my doctor reasonable believes to be irreversible. Once my doctor has reasonable concluded that I will remain unconscious for the rest of my life, I do not want life-sustaining treatment to be provided or continued.

I understand that this decision could or would allow me to die.

Choice 3: I want my life to be prolonged to the greatest extent possible consistent with sound medical practice without regard to my condition, the chances I have for recovery, or the cost of my care, and I direct life-sustaining treatment be provided in order to prolong my life.