

STATEMENT OF WISHES – ATTACHMENT TO HEALTH CARE DIRECTIVE

This document is designed to provide your loved ones with a statement of certain health care wishes. Ideally, this provides guidance on what you would want to have happen under certain circumstances. This is designed to be attached to any relevant health care document, including, but not limited to, a health care power of attorney, advance health care directive, living will, or health care proxy.

End of Life Wishes

_____ To Prolong Life

_____ Not to Prolong Life – Any Circumstances (Permanently Unconscious OR Terminal Condition)

_____ Not to Prolong Life – Permanently Unconscious

_____ Not to Prolong Life – Terminal Condition

Other: _____

Artificial Nutrition and Hydration

_____ To receive artificial nutrition and hydration indefinitely

_____ To receive artificial nutrition and hydration indefinitely unless it clearly increases my suffering and is no longer in my best interest.

_____ To receive artificial nutrition and hydration on a limited trial basis to see if I can improve.

_____ I do NOT wish to receive artificial nutrition and hydration

Other: _____

Relief from Pain

_____ To have pain relief at all times to alleviate pain and discomfort.

Other: _____

Anatomical Gift at Death

_____Organs _____Tissues _____All body parts _____NO Anatomical Gifts

Other: _____

_____Transplant _____Therapy _____Research _____Education _____All

Other: _____

Provide anatomical gifts to: _____No Preference _____Other: _____

Other Wishes

Physical Treatments: I want to have the following physical treatments:

_____Okay with whatever needs to be done

_____Don't want any Physical Health Treatments

_____My Health Care Agent or attending physician may decide

_____Other: _____

Mental Health Treatments: I want to have the following mental health treatments:

_____Okay with whatever needs to be done

_____Don't want any Mental Health Treatments

_____My Health Care Agent or attending physician may decide

_____Other: _____

Autopsy: _____Yes _____No _____My Agent may decide _____Other: _____

Funeral/Burial: _____Buried _____Cremated _____My Agent may decide

_____I've already made funeral arrangements and will include those instructions with my plan.

Do Not Resuscitate (DNR) Directive (do you have one): ____Yes ____No

DATE: _____

CLIENT NAME