

Your Health Care Agent



- I want this person to make my medical decisions.

first name

last name

street address

city

state

zip code

() -

() -

home phone number

work phone number

- If the first person cannot do it, then I want this person to make my medical decisions.

first name

last name

street address

city

state

zip code

() -

() -

home phone number

work phone number

- Put an X next to the sentence you agree with.



My health care agent can make decisions for me **now**.



My health care agent will make decisions for me **only** after I cannot make my own decisions.

To make your own health care choices go to part 2 on the next page.

To sign this form go to part 3 on page 9.

PART 2

Make your own health care choices

Write down your choices so those who care for you will not have to guess.

Think about what makes your life worth living.

Put an X next to **all** the sentences you most agree with.

My life is **only worth living if I can:**

- talk to family or friends
- wake up from a coma
- feed, bathe, or take care of myself
- be free from pain
- live without being hooked up to machines
- I am not sure



My life is always worth living no matter how sick I am

If I am dying, it is important for me to be:

- at home in the hospital I am not sure

Is religion or spirituality important to you?

- yes no

What should your doctors know about your religion or spirituality?

If you are sick, your doctors and nurses will always try to keep you comfortable and free from pain.



Life support treatments are used to try to keep you alive. These can be CPR, a breathing machine, feeding tubes, dialysis, blood transfusions, or medicine.

Put an X next to the sentences you most agree with.

Please read this whole page before you make your choices.

● If I am so sick that I may die soon:

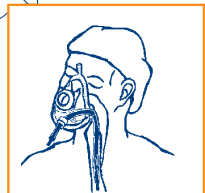
- Try all life support treatments that my doctors think might help.

If the treatments **do not work** and there is little hope of getting better, **I want to stay** on life support machines.



- Try all life support treatments that my doctors think might help.

If the treatments **do not work** and there is little hope of getting better, **I do not want to stay** on life support machines.



- Try all life support treatments that my doctors think might help **but not** these treatments. Mark what you do not want.

- | | |
|--|---|
| <input type="radio"/> CPR | <input type="radio"/> feeding tube |
| <input type="radio"/> dialysis | <input type="radio"/> blood transfusion |
| <input type="radio"/> breathing machine | <input type="radio"/> medicine |
| <input type="radio"/> other treatments _____ | |

- I **do not want any** life support treatments.

- I want my **health care agent** to decide for me.

- I am not sure.

Go to the next page



Part 2: Make your own health care choices

Your doctors may ask about organ donation and autopsy after you die.
Please tell us your wishes.

Put an X next to the sentences you most agree with

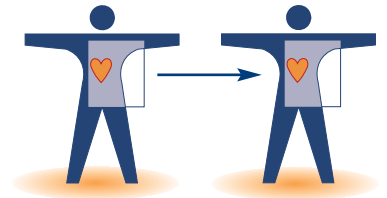
● Donating (giving) your organs can help save lives.

I **want** to donate my organs.

Which organs do you want to donate?

any organs

only _____



I **do not** want to donate my organs.

I want my **health care agent** to decide.

I am not sure.

● An autopsy can be done after death to find out why someone died. It is done by surgery. It can take a few days.

I **want** an autopsy.

I **do not** want an autopsy.

I may want an autopsy if there are questions about my death.

I want my **health care agent** to decide.

I am not sure.



● What should your doctors know about how you want your body to be treated after you die?



PART 3 Sign the form

Before this form can be used, you must:

- sign this form
- have two witnesses sign the form

If you do not have witnesses, you need a notary public.
A notary public's job is to make sure it is you signing the form.



Sign your name and write the date.

_____ / /
sign your name date

_____ print your first name print your last name

_____ address city state zip code

Your witnesses must:

- be over 18 years of age
- know you
- see you sign this form



Your witnesses cannot:

- be your health care agent
- be your health care provider
- work for your health care provider
- work at the place that you live (if you live in a nursing home go to page 12)

Also, one witness cannot:

- be related to you in any way
- benefit financially (get any money or property) after you die

Witnesses need to sign their names on the next page.

If you do not have witnesses, take this form to a notary public and have them sign on page 11.

Part 3: Sign the form

Have your witnesses sign their names and write the date

By signing, I promise that _____, signed this form while I watched. They were thinking clearly and were not forced to sign it.

I also promise that:

- I know them or they could prove who they are
- I am 18 years or older
- I am not their health care agent
- I am not their health care provider
- I do not work for their health care provider
- I do not work where they live



One witness must also promise that:

- I am not related to them by blood, marriage, or adoption
- I will not benefit financially (get any money or property) after they die

Witness #1

_____ / _____ / _____
sign your name date

_____ print your first name _____ print your last name

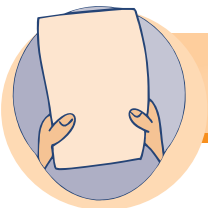
_____ address _____ city _____ state _____ zip code

Witness #2

_____ / _____ / _____
sign your name date

_____ print your first name _____ print your last name

_____ address _____ city _____ state _____ zip code



You are now done with this form.

Share this form with your doctors, nurses, social workers, friends, and your family.

Talk with them about your choices.



NOTARY PUBLIC

- Take this form to a notary public **ONLY** if two witnesses have not signed this form.
- Bring photo I.D. (driver's license, passport, etc.)



CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

County of _____

On _____ before me, _____, personally
Date Here insert name and title of the officer
 appeared _____
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Description of Attached Document

Title or Type of document: _____

Date: _____ Number of pages: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Individual
- Guardian or conservator
- Other _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

(Notary Seal)

You are now done with this form.

Share this form with your doctors, nurses, social workers, friends, and your family.

Talk with them about your choices.

