

L A W   O F F I C E S   O F  
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**ADVANCE HEALTH CARE DIRECTIVE  
QUESTIONNAIRE**

**FOR** \_\_\_\_\_

An Advance Directive for Health Care allows you to appoint an agent to make health care decisions for you if you become unable to do so. The form also allows you to provide written instructions to your agent regarding your wishes. Please fill in the information requested below so that we can prepare the Directive for you.

**A. Appointment of Agent for Health Care**

Whom would you like to appoint as your agent to make health care decisions for you?

First Agent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Tel: \_\_\_\_\_

Alternate Agent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Tel: \_\_\_\_\_

## **B. Effective Date**

The Advance Health Care Directive shall become effective:

- " Immediately upon execution.
- " When the principal's primary physician determines that the principal is unable to make health care decisions.

## **C. Desires Regarding Life-Prolonging Treatment**

Select the statement below that reflects your desires regarding life prolonging treatment, services and procedures:

- " Principal does not wish to receive medical treatment if he/she is in an irreversible coma or persistent vegetative state; or terminally ill & life sustaining procedures would only artificially delay death; or otherwise if burdens of treatment outweigh expected benefits.
  - " Principal wants to receive medical treatment unless he/she is in an irreversible coma.
  - " Principal wants to preclude use of life sustaining procedures if he/she is in a terminal condition.
  - " Principal wants to receive medical treatment that will allow him/her to live as long as possible.
  - " Alternate language:
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## **D. Anatomical Gifts**

Principal's agent shall expressly:

- " Be authorized to make anatomical gifts of any needed parts of the principal's body upon death.
- " Be authorized to make anatomical gifts of specified parts of the principal's body upon death. These specific parts are:
- " NOT be authorized to make anatomical gifts.

## E. Powers Regarding Disposal of Remains & Autopsy

I understand that my agent will be able to direct the disposition of my remains, unless I limit that authority.

- " I authorize my agent to arrange for the disposition of my remains. I would prefer for my agent to arrange for the cremation of my remains.
- " I authorize my agent to arrange for the disposition of my remains. I would prefer for my agent to arrange for the burial of my remains.

Shall your agent have the power to authorize an autopsy:

- " Yes
- " No

## F. Pets

If you have pets, do you want to include a provision that provides for care and custody?

- " Yes
- " No

## G. Additional instructions:

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