

Terry M. Mallery, A Professional Law Corporation

Advance Health Care Directive Questionnaire

1. Name: _____
Address: _____
Marital Status: Married Unmarried
Name of Spouse: _____
Social Security Number: _____

2. Agents
 - a. Primary
Name: _____
Address: _____
Phone: Work _____ Home _____
 - b. Alternate
Name: _____
Address: _____
Phone: Work _____ Home _____
 - c. Alternate
Name: _____
Address: _____
Phone: Work _____ Home _____

3. Effective Date
 Effective Immediately
 Effective upon Primary Physician Determination

4. Expiration Date
 - a. Advanced Healthcare Directive shall expire on _____
 - b. No Expiration Date

5. Use of Extraordinary Measures and Life Support
 - a. No Treatment:
 - i. I do not wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recovery or otherwise enable me to live a productive and/or enjoyable life and my death is likely to occur within several months, or if I require life support as the result of an irreversible condition, even if that life support might prolong my life for a sustained period.
 - ii. Therefore, I do not want efforts made to prolong my life and I do not want life-sustaining treatment to be provided or continued if:

1. I am in an irreversible coma or persistent vegetative state; or
 2. I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or
 3. Under any other circumstances in which the burdens of the treatment outweigh the expected benefits.
 4. By "an irreversible coma," I mean a coma from which the treating physicians have reasonably concluded I will never regain consciousness. In making decisions about life-sustaining treatment under provision (3) above, I want my agent to consider the relief of suffering and quality of remaining life as well as the extent of the possible prolongation of my life.
- b. Treat Unless In Irreversible Coma.
- i. I want to receive medical treatment that prolongs and sustains my life unless I am in an irreversible coma. By an "irreversible coma" I mean a coma from which the treating physician or physicians have reasonably concluded I will never regain consciousness. If I am in such an irreversible coma, I do not want to receive medical treatment that prolongs and sustains my life. At the same time that I am signing this advance health care directive, I am entering my initials in the space immediately below this provision to show that I have read this provision and that it reflects my desires.
- c. No treatment if terminal condition
- i. If I am in a terminal condition, I do not want any life-sustaining procedures to be used to prolong my life.
 - ii. For purposes of this document
 1. "terminal condition" shall mean an incurable condition caused by injury, disease, or illness, which, regardless of the application of life-sustaining procedures, would, within reasonable medical judgment, produce death and in which the application of life-sustaining procedures serves only to postpone the moment of my death; and
 2. "life-sustaining procedures" shall mean any medical procedure or intervention that utilizes mechanical or other artificial means to sustain, restore, or supplant a vital function which will serve only to artificially prolong the moment of my death. The term "life-sustaining procedures" shall not include the administration of medication or the performance of any medical procedure deemed necessary to alleviate pain.
- d. Treat to Allow Life as Long As Possible
- i. I want to live as long as possible; therefore, I want to receive all medical treatment that will prolong and sustain my life within the

limits of generally accepted health care standards. I want such treatment provided to me regardless of my chances of recovery, my condition, or the cost of such treatment. At the same time that I am signing this advance health care directive, I am entering my initials in the space immediately below this provision to show that I have read this provision and that it reflects my desires.

- e. None of the Above
- f. Alternative Statement regarding treatment

6. Organ Donations

- a. Donate any needed organs, tissues or parts
- b. Donate the following organs, tissues or parts: _____

- c. Do not donate any organs, tissues or parts
- d. Organs donated may be used for:
 - i. Transplant
 - ii. Therapy
 - iii. Research
 - iv. Education

7. Disposition of Remains

- a. Dispose of My Remains by _____
- b. Agent shall direct disposition of my remains according to my agent's discretion.

8. Autopsy

- a. Agent shall have the power to order an autopsy
- b. Agent shall not have power to order an autopsy
- c. Do not include this section

9. Independent Living

- a. In home care as long as reasonably possible without endangering physical and mental health and safety, and as long as reasonably possible to receive whatever assistance necessary from household employees or personal care givers; desire to return home as soon as reasonably possible from hospital or convalescent care. If your agent determines that you can

no longer live in your home, the agent should consider alternatives such as assisted living facilities or board and care facilities.

- b. OPTIONAL: If your agent determines that appropriate household employees or personal care givers are not available without putting your financial position at risk, then you want to live in the least restrictive and most home-like setting deemed appropriate by your agent.
- c. Do Not Include This Section

10. Religious Activity

- a. Maintain involvement with _____
- b. Agent shall not impose relief beliefs
- c. Do Not Include This Section

11. Outdoor Activity

- a. Agent to include trips to parks and other areas
- b. Do Not Include This Section

12. Physician:

- a. Primary
Name: _____
Address: _____
Phone: _____
- b. Alternate Physician
Name: _____
Address: _____
Phone: _____
- c. Agent should have authority to select a primary physician

13. Nomination of Conservator

Name: _____
Address: _____
Phone: Work _____ Home _____