

CALIFORNIA ADVANCED HEALTH CARE DIRECTIVE

This form lets you have a say about how you want to be treated if you get very sick.

This form has three parts:

Part 1: Choose a health care agent – A health care agent is a person who can make medical decisions for you if you are too sick to make them yourself. Someone you trust to follow your wishes.

Part 2: Make your own health care choices – This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.

Part 3: Sign the form – this form must be signed by you in order to be used.

You can fill out Part 1 or Part 2 or both. Fill out only the parts that you want. Always sign the form in Part 3.

If you only want a health care agent go to Part 1.

If you only want to make your own health care choices go to Part 2.

- What do I do with the form after I fill it out? *Share the form with those that care about you: family, friends, doctors, etc.*
- What if I change my mind? *Change the form and tell those that care for you about the changes.*
- What if I have questions about the form? *Bring it to your doctor, nurse, family or friends to answer your questions.*
- What if I want to make health care choices that are not on this form? *Write your choices on a piece of paper. Keep the paper with this form.*

Part 1 – Choose Your Health Care Agent – (The person to make your medical decisions if you are too sick to make them yourself.)

- Whom should I choose to be my health care agent? *A family member or friend who:*
 - ✓ Is at least 18 years of age
 - ✓ Knows you well
 - ✓ Can be there for you when you need them
 - ✓ You trust to do what is best for you
 - ✓ Can tell the doctors about the decisions you made for yourself
 - ✓ Your agent cannot be your doctor or someone who works at a hospital or clinic unless they are a family member

- What will happen if I don't choose a health care agent?
 - ✓ If you are too sick to make your own decisions, your doctor will ask your closest family member to make decisions for you.
 - ✓ If you want someone other than a family member to be your agent, you must write their name on this form.
- What kind of decisions will my health care agent make? *Agree to your current treatment, say no to your current treatment, change or stop your treatment and choose:*
 - ✓ Your doctors, nurses, and social workers
 - ✓ Hospitals or clinics
 - ✓ Medications or tests
 - ✓ What happens to your body and organs after you die
- Other decisions that your agent can make:
 - ✓ Life support treatments – medical care to prolong your life
- Cardiopulmonary Resuscitation (CPR)
 - ✓ Pressing hard on your chest to keep our blood pumping
 - ✓ Electrical shocks to jump start your heart
 - ✓ Medicines in your veins
- Breathing Machine or Ventilator
 - ✓ The machine pumps air into your lungs and breathes for you. You are not able to talk when you are on the machine.
- Dialysis
 - ✓ A machine that cleans your blood if your kidneys stop working.
- Feeding Tube
 - ✓ A tube used to feed you if you cannot swallow. The tube is placed down your throat into your stomach.
- Blood Transfusions
 - ✓ Putting blood in your veins
- Surgery
- Medication
- End of life care

If you might die soon you health care agent can:

- ✓ Call a spiritual leader
- ✓ Decide if you die at home or in the hospital

YOUR HEALTH CARE AGENT

PART 1

I want the person listed below to make my medical decisions:

First Name		Last Name	
Street Address	City	State	Zip Code
Home Phone Number		Cell or Work Number	

If the person cannot do it, then I want the person listed below to make my medical decisions:

First Name		Last Name	
Street Address	City	State	Zip Code
Home Phone Number		Cell or Work Number	

Please check the appropriate box below:

- My health care agent can make decision for me now.
- My health care agent can make decisions for me only when I cannot make my own decisions.

PART 2

Make your own health care choices. Write down your choices so that those who care for you will not have to guess what your choices are.

- This is about what makes our life worth living. Put check in the boxes below for **ALL** the sentences you most agree with:
 - Talk to family and friends
 - Wake up from a coma
 - Feed, bathe or take care of myself
 - Be free from pain
 - Live without being hooked up on machines
 - My life is always worth living no matter how sick I am
 - I am not sure

- 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 doctor know about your religion or spirituality? _____

- If I am so sick that I may die soon:
 - Try all life support treatments that my doctor thinks might help. If the treatments do not work and there is little hope of me getting better, I still want to stay on life support machines
 - Try all life support treatments that my doctor thinks might help. If the treatments do not work and there is little hope of my getting better, I do not want to stay on life support machines.
 - Try all life support treatments that my doctor thinks might help, but not the treatments marked below (Mark what you DO NOT WANT):
 - CPR Feeding Tube Dialysis
 - Blood Transfusion Breathing Machine Medication
 - Other Treatments: _____
 - I do not want any life support treatments
 - I want my health care agent to decide for me
- Check the sentences below that you MOST agree with:

Donating 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
- An autopsy can be done after death to find out why someone died. It is done by surgery. It may take a few days.
 - I WANT an autopsy
 - I DO NOT want an autopsy
 - I may want an autopsy if there is a question about my death
 - I want my health care agent to decide

PART 3

Before this form can be used you must:

- Sign the form below
- Have two witnesses sign the form OR have the form notarized

Signature

Date

Print Name

Address

City

State

Zip Code

Your witness must:

- Be over 18 years of age
- Know you
- See you sign this form

Your witness cannot:

- Benefit financially from your death
- Be your doctor, nurse or social worker
- Work at the place you live

Only one witness can be a family member. The second witness must be someone other than family.

WITNESS #1

Signature Date

Print Name

Address City State Zip Code

WITNESS #2

Signature Date

Print Name

Address City State Zip Code

You are now done with this form. Share the form with your doctors, family members, and friends that you want to know your wishes.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of _____

On _____ before me, _____

Personally appeared _____

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 can 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 of Notary Public