

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 my primary physician determines that I am 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:

- I do not wish to receive medical treatment if in an irreversible 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.
 - I want to receive medical treatment that will allow me to live as long as possible.
 - Do not include a statement regarding life-prolonging treatment, services and procedures.
 - Alternate language:
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D. Anatomical Gifts

My agent shall expressly:

- Be authorized to make anatomical gifts of any needed parts of my 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.

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

E. Additional instructions:

Please note that the form will automatically contain language about independent living and social interaction. Optional provisions can be included about certain religious, spiritual, or outdoor activities. We can discuss your particular desires and incorporate them into your directive.