

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.

## **E. Organ Donation**

My agent shall expressly:

- Be authorized to donate any needed organs, tissues, or parts upon death.
- NOT be authorized to donate any needed organs, tissues, or parts upon death.

## F. Powers Regarding Disposal of Remains, Funeral/Memorial Service & 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 arrange for your funeral or memorial service?:

- Yes
- No

Shall your agent have the power to authorize an autopsy?:

- Yes
- No

## G. Additional instructions:

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