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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? Note that we do not recommend co-agents.

First Agent:

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Alternate Agent:

Name: _____

Relationship: _____

Address: _____

Telephone: _____

B. Effective Date

The Advance Health Care Directive shall become effective:

- Immediately upon execution (note that it can still be revoked orally or in writing).
- 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. Note the full language for each Option is attached.

- I recognize that modern medical technology has made possible the artificial prolongation of my life beyond natural limits. I do not wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recovery. *Option One.*
- I want to receive medical treatment that prolongs and sustains my life unless I am in an irreversible coma. *Option Two.*
- 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. *Option Three.*

If you have alternative desires/language you can provide that on the back of this form.

D. Anatomical Gifts/Donation of Organs

My agent shall:

- Have the ability to make anatomical gifts/donate any needed or specified parts of my body upon death. I would like the following parts/organs to be donated if possible:
_____.
- Not be authorized to make any anatomical gifts or organ donation.

Please note that you need to be sure your DMV donor card is updated and accurate because it takes precedence over an Advance Health Care Directive. Make sure they are not in conflict.

E. 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 would prefer for my agent to arrange for the cremation 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

F. Additional instructions (as to burial, services, treatment, etc.)

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.

OPTIONS FOR END OF LIFE DECISIONS

Option 1:

I recognize that modern medical technology has made possible the artificial prolongation of my life beyond natural limits. I do not wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recovery 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. Therefore, I do not want efforts made to prolong my life and I do not want life-sustaining treatment to be provided or continued: (1) if I am in an irreversible coma or persistent vegetative state; or (2) if 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 treatment outweigh the expected benefits. 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.

Option 2:

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..

Option 3:

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.