



A. Healthcare Treatment Directive

Date of birth: _____ / _____ / _____

I, _____, make this Healthcare Treatment Directive to exercise my right to determine the course of my healthcare and to provide clear and convincing proof of my treatment decisions when I lack the capacity to make or communicate my decisions.

If my physician believes that a certain life-prolonging procedure or other healthcare treatment may provide me with comfort, relieve pain or lead to significant recovery, I direct my physician to try the treatment for a reasonable period of time. However, if such treatment proves to be ineffective, I direct the treatment to be withdrawn, even if doing so may shorten my life.

- 1) I direct that I be given healthcare treatment to relieve pain or to provide comfort even if such treatment might shorten my life, suppress my appetite or my breathing, or be habit forming.
- 2) I direct all life-prolonging procedures to be withheld or withdrawn when there is no realistic hope of significant recovery and I have the following conditions:
 - a terminal condition; or
 - a condition, disease or injury without hope of significant recovery and there is no reasonable expectation that I will regain an acceptable quality of life; or
 - substantial brain damage or brain disease which cannot be significantly reversed; or
 - other _____

- 3) When the above conditions exist, I choose to have the following life-prolonging procedures withheld or withdrawn:
 - surgery heart-lung resuscitation (CPR)
 - antibiotics mechanical ventilator (respirator)
 - dialysis tube feedings (food and water delivered through a tube in the vein, nose, or stomach)
 - other _____

4) Do you now want to direct the donation of any bodily organs? yes no

a) Please indicate the specific bodily organs you want to donate:

b) Please indicate any uses of your organs that are not acceptable to you:

5) I make other instructions as follows: _____

Signed this _____ day of _____
(month, year)

Signed _____
signature

city, county and state of residence

The declarant is known to me, is 18 years of age or older, of sound mind, and has voluntarily signed this document.

Witness _____ Address _____

Witness _____ Address _____

