Living Will

Health Care Directions

Talk about this form and your ideas about your health care with the person you have chosen to make decisions for you (your health care proxy), and with your doctor(s), family, friends, your attorney and clergy, and give each of them a completed copy. You may cancel or change this form at any time. You should review it every so often. Each time you review it, put your initials and the date here _____. This form will not be effective without a health care proxy. (See health proxy form in this guide.) Take a copy of this with you whenever you go to the hospital.

[Please print]

I, _____, SS# _____, want everyone who cares for me to know what health care I want when I cannot let others know what I want.

I always expect to be given care and treatment for pain or discomfort, and to be treated in a considerate, dignified manner. I want my doctor to try treatments that may get me back to an acceptable quality of life. By acceptable quality of life, I mean living in a way that lets me do the things that are important and necessary to me. Those things are:

_____

_____

_____

Examples: the ability to ■ recognize family and friends ■ make decisions ■ communicate ■ feed myself ■ take care of myself.

I direct that no treatment be given just to keep me alive when I have:

- a condition or conditions that will cause me to die soon, or
- a condition or conditions so bad (including substantial brain damage or brain disease) that there is little reasonable hope that I will regain a quality of life acceptable to me (as described above).

When I have one of these conditions, the treatments I DO NOT want include:

- surgery
- doing things to start my heart or breathing, if either stops (CPR)
- medicine to treat infections (antibiotics)
- artificial kidney machine (dialysis)
- breathing machine (respirator, ventilator)
- food or water given through a tube in the vein, nose or stomach (tube feedings)
- chemotherapy (cancer treatment)
- blood transfusions
- other treatment _____

_____

(If you DO want one or more of the treatments listed above, circle it and initial at the end of the line.)

My other directions include:

_____

_____

Examples: ■ hospice care ■ death at home, if possible ■ specific directions regarding organ and tissue donation.

Sign here for the Living Will form. Many states require notarization, though New York State does not. Please ask two (2) persons to witness your signature. It is preferable that these witnesses not be related to you nor financially connected to you or your estate.

Signature _____ Date _____

Witness 1 _____ Date _____

Witness 2 _____ Date _____

Notarization

On this ____ day of _____, in the year of _____, personally appeared before me the person signing, known by me to be the person who completed this document and acknowledged it as his/her free act and deed. IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the County of _____, State of _____, on the date written above.

Notary Public _____ Commission Expires _____