

TREATMENT TO PROLONG MY LIFE:

If a circumstance arises where I am no longer able to recognize my family or friends and I am not expected to recover that ability:

- I want all possible efforts to prolong my life. Living as long as possible is more important than how I live.
- I want to receive treatment and care to keep me comfortable. How I live is more important than how long I live.
- I am undecided at this time.

If a situation arises where prolonged medical treatment is required with a low chance of survival (5 out of 100):

- I want all possible efforts to be done to prolong my life. Living as long as possible is more important than how I live, even if there is little hope of getting better.
- I want all possible efforts to prolong my life to be tried. If I do not improve, I would like my care to become comfort focused. I understand this may result in my death.
- I want to receive treatment and care to keep me comfortable. How I live is more important than how long I live.
- I am undecided at this time.

If my health worsens, and a decision needs to be made about using a ventilator:

- I want to receive ventilator therapies to help my breathing.
- I want to try the ventilator to help my breathing. If I do not improve, I would like care to become focused on my comfort. I understand this may result in my death.
- I do not want to receive ventilator therapies to help my breathing. I do want to receive treatment and care to keep me comfortable. How I live is more important than how long I live.
- I want these additional things to be considered _____

- I am undecided at this time.

If my heart or breathing stops, my preference for Cardiopulmonary Resuscitation (CPR) is:

- I want CPR.
- I do not want CPR. I want to have a natural death.
- I am undecided at this time.

NOTE: This is NOT a Do Not Resuscitate (DNR) Order. A DNR is a separate legal document. Talk with your personal healthcare provider if you would like a DNR Order.

AT THE END OF MY LIFE:

My funeral/burial preference is:

- I would like to be buried.
- I would like to be cremated.
- I would like a "green burial".
- I would like to be buried or cremated. I will let my next-of-kin decide.
- I would like _____

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



AT THE END OF MY LIFE: (CONTINUED)

My organ donation decision is:

- I have a red heart on my driver's license.
- I want to donate my organs and tissue to help others.
- I will allow my Patient Advocate to make decisions about tissue and organ donation.
- I do not want my tissue or organs donated.

My decision about hospice is:

- I would like to receive hospice services.
- I do not want to receive hospice services.
- I will allow my Patient Advocate to make decisions about hospice services.

I want my health care providers to know about my religion/spirituality which is:

- My spiritual/religious belief(s) is/are _____
- I am connected with this faith group/congregation _____
- Try to notify my personal clergy or spiritual support person(s):
 Name _____ Phone (_____) _____
 Email _____
 Address _____
- I realize my religious beliefs and decisions may effect my physical, emotional or spiritual care. The information listed below is important to me (e.g., spiritual/religious rituals or sacraments, refusal of blood products, etc.) _____



DATE _____ My signature _____

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INTERPRETATION SERVICES

I certify that I have interpreted, to the best of my ability, into and from the participant's stated primary language, _____, all oral presentations made by all of those present during the informed consent discussion.

TIME _____ AM PM DATE _____ Interpreter signature _____

Interpreter name (print) _____