



David L. McGuffey, CELA\* (Licensed in GA&TN)  
Kristin M.S. Poland, Associate (Licensed in GA)  
Elder Law | Special Needs Law | Estate Planning  
*\*Certified Elder Law Attorney by the National Elder Law Foundation*

## **Information For My Health Care Agent Concerning My Health Care Preferences**

YOU ARE NOT REQUIRED TO COMPLETE THIS INFORMATIONAL WORKSHEET OR TO PROVIDE YOUR AGENT WITH THIS INFORMATION; HOWEVER, IT IS HIGHLY RECOMMENDED THAT YOU DO. YOUR INSTRUCTIONS FOR FINAL HEALTH CARE PROVIDE YOUR AGENT WITH WRITTEN DIRECTIONS REGARDING YOUR HEALTH CARE PREFERENCES. THIS DOCUMENT MIGHT ALSO SERVE AS EVIDENCE OF YOUR WISHES IF THERE IS A FAMILY DISPUTE REGARDING YOUR CARE.

### ***Part I: Identifying information and Background.***

My Name is: \_\_\_\_\_.

I am completing this Informational Worksheet on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to provide information to my Health Care Agent regarding my health care preferences. This Informational Worksheet is intended to provide guidance to my Health Care Agent and does not in any way limit my Health Care Agent's Authority. My failure to complete this form shall not invalidate or limit my Advanced Directive.

### ***Part II: What a "Good Life" Means to Me***

(YOU ARE NOT "REQUIRED" TO COMPLETE THIS PART II, BUT WE STRONGLY ENCOURAGE IT)

For each subject where I have a view, I have circled the number that best expresses its importance to me. By doing so, I am telling my family and my friends what a "good life" means to me and ask them to take this into account if my health condition declines and decisions must be made concerning my final care. This Part II is for informational purposes only and regardless of what I indicated in Part I above, does not in any way restrict or limit my Health Care Agent's authority:

**Subject****Importance**  
(Low ----- High)**Being in charge of:**

- My money ..... 1 2 3 4 5
- My meal selections..... 1 2 3 4 5
- How I spend my time..... 1 2 3 4 5
- Where I live..... 1 2 3 4 5
- With whom I spend time..... 1 2 3 4 5

**Enjoyment of Life:**

- Privacy..... 1 2 3 4 5
- Traveling..... 1 2 3 4 5
- Listening to music..... 1 2 3 4 5
- Reading..... 1 2 3 4 5
- Thinking..... 1 2 3 4 5
- Being creative..... 1 2 3 4 5
- Sexual experiences..... 1 2 3 4 5
- Watching television..... 1 2 3 4 5
- Theatre, movies..... 1 2 3 4 5
- Dancing..... 1 2 3 4 5
- Sports..... 1 2 3 4 5
- Singing..... 1 2 3 4 5
- Playing a musical instrument..... 1 2 3 4 5
- Playing games..... 1 2 3 4 5
- Having pets..... 1 2 3 4 5

**Practicing My Religious beliefs**

- Following my religious beliefs..... 1 2 3 4 5
- I attend church at:
- Attending services..... 1 2 3 4 5
- Meeting with my pastor, minister, priest, rabbi, advisor..... 1 2 3 4 5

**Providing for My Own Personal Needs**

- Preparing meals..... 1 2 3 4 5
- Feeding myself..... 1 2 3 4 5
- Controlling my bladder/bowels..... 1 2 3 4 5
- Dressing myself..... 1 2 3 4 5
- Bathing myself..... 1 2 3 4 5
- Moving about without help..... 1 2 3 4 5

**Relationships with My Family and Friends**

- Communicating with them..... 1 2 3 4 5
- Recognizing them..... 1 2 3 4 5
- Not being a burden to them..... 1 2 3 4 5
- Being with them when I die..... 1 2 3 4 5
- Not leaving painful memories..... 1 2 3 4 5
- Leaving money to them..... 1 2 3 4 5

**Part III: Specific Powers Grant to and Limitations on Powers Granted to My Agent**

(YOU ARE NOT "REQUIRED" TO COMPLETE THIS PART III, BUT WE STRONGLY ENCOURAGE IT)

My preferences are that in making health care decisions, my Agent shall:

- a. Arrange for my admission to or discharge from any and all types of hospitals, institutions, homes, residential or nursing facilities, treatment centers, and other health care institutions providing personal care or treatment.  Yes  No
- b. Hire or fire any kind of health care worker I may need to help me or take care of me.  Yes  No
- c. Have access to and show others my medical records.  Yes  No
- d. Apply for Medicare, Medicaid or other programs or insurance benefits for me. This person may see my financial files for this purpose.  Yes  No
- e. Decide about the disposition of my body and authorize an autopsy.  Yes  No
- f. Sign consent if I have chosen to donate my organs and tissues.  Yes  No
- g. **All of the above.** \_\_\_\_\_

On the lines below, I have listed any actions that I would **NOT** want my caregivers to take:

(HERE YOU MAY INCLUDE ANY SPECIFIC LIMITATIONS YOU DEEM APPROPRIATE, SUCH AS YOUR OWN DEFINITION OF WHEN LIFE-SUSTAINING OR DEATH-DELAYING MEASURES SHOULD BE WITHHELD; A DIRECTION TO CONTINUE NOURISHMENT AND FLUIDS OR OTHER LIFE-SUSTAINING OR DEATH-DELAYING TREATMENT IN ALL EVENTS; OR INSTRUCTIONS TO REFUSE ANY SPECIFIC TYPES OF TREATMENT THAT ARE INCONSISTENT WITH YOUR RELIGIOUS BELIEFS OR UNACCEPTABLE TO YOU FOR ANY OTHER REASON, SUCH AS BLOOD TRANSFUSION, ELECTROCONVULSIVE THERAPY, OR AMPUTATION)

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**Part IV: Instructions for Care**

**Instructions for Care Where My Condition Might Improve**

If I am suffering from a condition (for example, pneumonia) that could be cured or reversed through treatment, then I would want my agent to consider my wishes as follows:

- a. I want to receive all medical care that could possibly cure or improve my condition.  Yes  No
- b. I would want antibiotics.  Yes  No
- c. I would want pain medication even if it caused me to sleep more or be less alert.  Yes  No
- d. I would want surgical procedures performed if they would cure or reverse my condition.  Yes  No
- e. I would want treatment if my doctors indicated that surgery, therapy or medicines might improve or reverse my condition even if the doctors indicate the chance of improvement or recovery is limited or remote.  Yes  No
- f. Even if I would not be cured, if I would be more comfortable or in less pain, then I would want treatment.  Yes  No
- g. I want to kept as comfortable and free of pain as possible.  Yes  No
- h. I would want blood transfusions.  Yes  No
- i. **All of the above.** \_\_\_\_\_
- j. Other:

## Instructions for Final Care

THE SUBJECT OF LIFE-SUSTAINING OR DEATH-DELAYING TREATMENT IS OF PARTICULAR IMPORTANCE. FOR YOUR CONVENIENCE IN DEALING WITH THAT SUBJECT, SOME GENERAL STATEMENTS CONCERNING THE WITHHOLDING OR REMOVAL OF LIFE-SUSTAINING OR DEATH-DELAYING TREATMENT ARE SET FORTH BELOW. IF YOU AGREE WITH ONE OF THESE STATEMENTS, YOU MAY INITIAL THAT STATEMENT, BUT **DO NOT INITIAL MORE THAN ONE**. INITIAL THE STATEMENT THAT BEST EXPRESSES YOUR WISHES:

\_\_\_\_\_  
(INITIAL) I **DO** want my life to be prolonged to the greatest extent possible, using artificial means if necessary,

**OR**

\_\_\_\_\_  
(INITIAL) I want to **TRY** life-prolonging treatments for a reasonable length of time, but I want to stop such treatments if my condition does not improve,

**OR**

\_\_\_\_\_  
(INITIAL) I **DO NOT** want my life to be prolonged, and I **DO NOT** want life-sustaining or death-delaying treatments to be provided or continued. I want to receive only medicine and treatments to control pain and keep me comfortable when my death is expected.

I wish for my Instructions for Final Health Care to apply if I am in the condition(s) below.

Initial **ALL** conditions for which you want your instructions to apply:

\_\_\_\_\_  
(INITIAL) I have a terminal disease, illness, or injury with little chance of recovery,

AND/OR

\_\_\_\_\_  
(INITIAL) I am in a coma and unlikely to ever wake up,

AND/OR

\_\_\_\_\_  
(INITIAL) I am in a persistent vegetative state.

Without limiting the authority of my agent, when I am in the conditions I have initialed in the preceding Statement and can no longer make my own decisions, the following is an expression of my Instructions for Final Health Care:

- a. I want to receive food through a tube in my stomach (artificial nutrition).  Yes  No
- b. I want to receive water and other fluids through a tube in my veins (artificial hydration).  Yes  No
- c. If a tube(s) has already been inserted to give me food or water, I want to have the tube(s) taken out.  Yes  No
- d. I want to have the assistance of a machine (ventilator) to breathe for me.  Yes  No
- e. If I have already been connected to a machine to breathe for me, I want to be disconnected from it.  Yes  No
- f. If my heart stops or I stop breathing, I want to attempt procedures used to bring me back to life (Cardiopulmonary Resuscitation/CPR)  Yes  No
- g. I want to receive medications to fight infection (antibiotics).  Yes  No
- h. I want to have surgeries to prolong life/delay death.  Yes  No
- i. I want to receive blood or blood products (transfusion)  Yes  No
- j. I want my blood cleaned by a machine if my kidneys fail (kidney dialysis).  Yes  No
- k. I want to receive enough medicine to control my pain, even if these medications could cause me to be physically dependent or make me unconscious.  Yes  No
- l. I would want chemotherapy if necessary to treat cancer.  Yes  No
- m. If it would be helpful in diagnosing my condition, I would want invasive diagnostic tests (biopsies and exploratory surgeries).  Yes  No
- n. Other:

In making decisions regarding my care, my desire is that my family and friends feel as though they are included. Therefore, although my agent will not be bound by their opinions and may act contrary to their opinions, I would nonetheless want my agent to consult with the following people:

	Name	Address and Phone Number
1.		
2.		
3.		
4.		
5.		

In making decisions regarding my health care, I do **not** want any of the following people involved and I expressly instruct my agent to ignore the views of the following people:

	Name	Address and Phone Number
1.		
2.		
3.		
4.		
5.		

**My views regarding spending money on health care:**

If I had to choose between spending my money on health care (end of life care) or passing money to my heirs after I die, I would:

- a. Spend money if treatment might improve my condition. \_\_\_ Yes    \_\_\_ No
- b. Spend money if it would ease my pain or make me more comfortable. \_\_\_ Yes    \_\_\_ No
- c. Spend money only if it is absolutely necessary. \_\_\_ Yes    \_\_\_ No
- d. If I am going to die anyway, then I am more concerned about passing my wealth to my heirs than I am about spending money to improve my health condition, so just let me pass away. \_\_\_ Yes    \_\_\_ No
- e. Other:

Without limiting the authority of my agent, my desires concerning the disposition of my body **after I am dead** are as follows:

- a. I want to donate my organs, eyes and/or tissues to help save or improve someone else's life.  Yes  No
- b. I want to donate my body for use in medical education or research (if selected, organ and tissue donation not possible).  Yes  No
- c. I would consent to an autopsy of my body if my Agent, doctor, or an agency for organ donation thinks it is necessary.  Yes  No
- d. I consent to the use of a ventilator or other organ-sustaining procedures for the purpose of organ.  Yes  No
- e. I want to be (**circle one**)  Buried  Cremated

If you feel that these choices do not express all of your wishes or beliefs, use the space below to make very clear to your Personal Agent for Health Care and your doctor what you want:

(ADDITIONAL INSTRUCTIONS FOR FINAL HEALTH CARE)



Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Signature

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Witness

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Witness

*This document is provided as a courtesy. This document supplements, but does not replace, a health care advance directive. This document is not intended as legal advice. You should consult a lawyer if you have questions about your legal affairs.*

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