Checklist: Questions to Ask Yourself

I. Thinking about Your Health Care Wishes?
   A. Why am I writing an advance directive?
   B. What are my treatment wishes?
      1. in situations near the end of life?
      2. in situations of serious injury or illness?

II. Talking with Others
   A. Physicians and other health care professionals
      1. do I understand the medical terminology?
      2. do they understand my wishes?
   B. My friends, family and others
      1. have I directly and thoroughly discussed my wishes with them?
      2. do they understand my wishes?

III. Selecting a Health Care Representative
   A. Am I confident that my designated representative understands my personal values and health care wishes?
   B. Does my health care representative understand his or her responsibilities?
   C. Has he or she clearly agreed to serve as my representative and to communicate my wishes to my doctor and other concerned with my care?
   D. Have I selected an alternative health care representative?

IV. My Instructions
   Have I clearly stated my instructions and included other relevant information about my treatment wishes regarding:
   A. the provision, withholding or withdrawal of specific treatments?
   B. artificially provided fluids and nutrition?
   C. the medical conditions in which I want my wishes implemented?
   D. special considerations I may have concerning my care and treatment?

V. Witnesses. Have I had my directive properly witnessed?

VI. Distribution of My Advance Directive. Have I given a copy of my directive to those who should have one, such as:
   A. my health care representative?
   B. my physician or other health care provider?
   C. the hospital or nursing home which I am about to enter?
   D. family members, friends, alternate representatives and my religious advisor?

VII. Periodic Review. Have I made a note to review my directive on a regular basis in the future?

VIII. Wallet Card. Have I completed the wallet size card located on the inside back cover of this brochure which tells others I have an advance directive and who to contact for further information?

I HAVE AN ADVANCE DIRECTIVE FOR HEALTH CARE

Name: _____________________________________________
Address: ___________________________________________
City: ______________________________ State: ___________

for information please contact as soon as possible:

Name: ____________________________ tel.# ____________
Address: ___________________________________________
City: ____________________________ State ___________
OR

Name: ____________________________ tel.# ____________
Address: ___________________________________________
City: ______________________________ State: ___________

ORGAN DONOR CARD

In the hope that I may help others, I hereby make this anatomical gift, to take effect upon my death. The words and marks below indicate my desires.

I give: ______ Any needed organs or parts
or: ______ Only the following organs or parts.
_____________________________________________________
For the purposes of transplantation, therapy, medical research or education.

Signed by the Donor and the following two witnesses in the presence of each other.

Signature of donor ___________________________ of Donor ________
Date Signed __________________ City & State ___________
Witness __________________ Witness __________________

This Is A Legal Document Under the Uniform Anatomical Gift Act.