

# 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 \_\_\_\_\_ Date of birth \_\_\_\_\_  
of Donor \_\_\_\_\_

Date Signed \_\_\_\_\_ City & State \_\_\_\_\_

Witness \_\_\_\_\_ Witness \_\_\_\_\_

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