California Advance Health Care Directive

This form lets you have a say about how you want to be cared for if you cannot speak for yourself.

This form has 3 parts:

Part 1 **Choose a medical decision maker, Page 3**

A medical decision maker is a person who can make health care decisions for you if you are not able to make them yourself.

They are also called a health care agent, proxy, or surrogate.

Part 2 **Make your own health care choices, Page 6**

This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are not able to tell them yourself.

Part 3 **Sign the form, Page 11**

The form must be signed before it can be used.

You can fill out Part 1, Part 2, or both.

Fill out only the parts you want. Always sign the form in Part 3.

2 witnesses need to sign on Page 12, or a notary on Page 13.

Your Name

Developed by PREPARE™ for your care

Copyright © The Regents of the University of California, 2016 www.prepareforyourcare.org

This is a legal form that lets you have a voice in your health care.

It will let your family, friends, and medical providers know how you want to be cared for if you cannot speak for yourself.

What should I do with this form?

- Please share this form with your family, friends, and medical providers.
- Please make sure copies of this form are placed in your medical record at all the places you get care.

What if I have questions about the form?

- It is OK to skip any part of this form if you have questions or do not want to answer.
- Ask your doctors, nurses, social workers, family, or friends to help.
- Lawyers can help too. This form does not give legal advice.

What if I want to make health care choices that are not on this form?

- On Page 10, you can write down anything else that is important to you.

When should I fill out this form again?

- If you change your mind about your health care choices
- If your health changes
- If your medical decision maker changes

If you and your spouse divorce, that person will no longer be your decision maker.

Give the new form to your medical decision maker and medical providers.

Destroy old forms.

Share this form and your choices with your family, friends, and medical providers.

Part 1 Choose your medical decision maker

Your medical decision maker can make health care decisions for you if you are not able to make them yourself.

A good medical decision maker is a family member or friend who:

- is 18 years of age or older
- can talk to you about your wishes
- can be there for you when you need them
- you trust to follow your wishes and do what is best for you
- you trust to know your medical information
- is not afraid to ask doctors questions and speak up about your wishes

Your decision maker cannot be your doctor or someone who works at your hospital or clinic, unless they are a family member.

What will happen if I do not choose a medical decision maker?

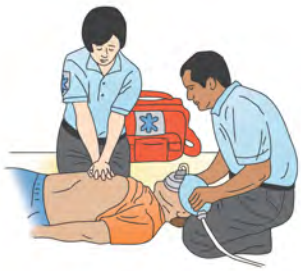
If you are not able to make your own decisions, your doctors will turn to family and friends or a judge to make decisions for you. This person may not know what you want.

If you are not able, your medical decision maker can choose these things for you:

- doctors, nurses, social workers, caregivers
- hospitals, clinics, nursing homes
- medications, tests, or treatments
- who can look at your medical information
- what happens to your body and organs after you die

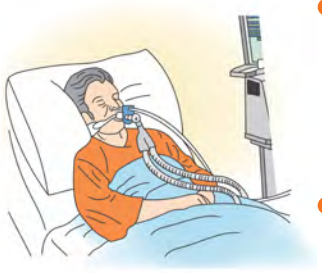
Here are more decisions your medical decision maker can make:

Start or stop life support or medical treatments, such as:



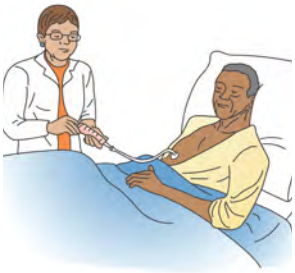
- **CPR or cardiopulmonary resuscitation**
  cardio = heart • pulmonary = lungs • resuscitation = try to bring back

  This may involve:
  - pressing hard on your chest to try to keep your blood pumping
  - electrical shocks to try to jump start your heart
  - medicines in your veins



- **Breathing machine or ventilator**
  The machine pumps air into your lungs and tries to breathe for you. You are not able to talk when you are on the machine.

- **Dialysis**
  A machine that tries to clean your blood if your kidneys stop working.

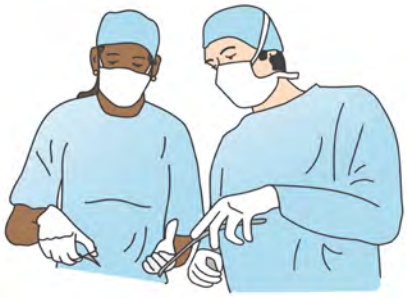


- **Feeding Tube**
  A tube used to try to feed you if you cannot swallow. The tube can be placed through your nose down into your throat and stomach. It can also be placed by surgery into your stomach.

- **Blood and water transfusions (IV)**
  To put blood and water into your body.

- **Surgery**

- **Medicines**



End of life decisions your medical decision maker can make:

- call in a religious or spiritual leader
- decide if you die at home or in the hospital
- decide about autopsy or organ donation
- decide about burial or cremation

Your Name

By signing this form, you allow your medical decision maker to:

- agree to, refuse, or withdraw any life support or medical treatment if you are not able to speak for yourself
- decide what happens to your body after you die, such as funeral plans and organ donation

If there are decisions you do not want them to make, write them here:

_____

_____

_____

When can my medical decision maker make decisions for me?

- ☐ ONLY after I am not able to make my own decisions
- ☐ NOW, right after I sign this form

Write the name of your medical decision maker.

I want this person to make my medical decisions if I am not able to make my own:

first name _____ last name _____

phone #1 _____ phone #2 _____ relationship _____

address _____ city _____ state _____ zip code _____

If the first person cannot do it, then I want this person to make my medical decisions:

first name _____ last name _____

phone #1 _____ phone #2 _____ relationship _____

address _____ city _____ state _____ zip code _____

To make your own health care choices, go to Part 2 on Page 6. If you are done, you must sign this form on Page 11.

Your Name _____

Part 2 Make your own health care choices

What Matters Most in Life: Quality of life differs for each person.

For some people, the main goal is to be kept alive as long as possible even if:

- They have to be kept alive on machines and are suffering
- They are too sick to talk to their family and friends

For other people, the main goal is to focus on quality of life and being comfortable.

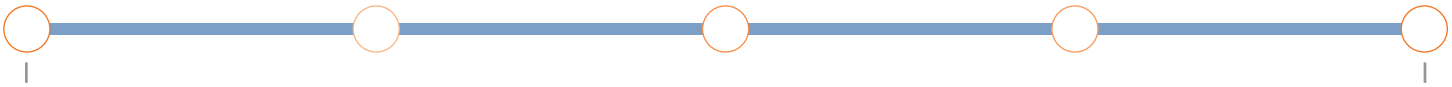
- These people would prefer a natural death, and not be kept alive on machines

Other people are somewhere in between. **What is important to you?**

Your goals may differ today in your current health than at the end of life.

TODAY, IN YOUR CURRENT HEALTH

Put an X along this line to show how you feel today, in your current health.



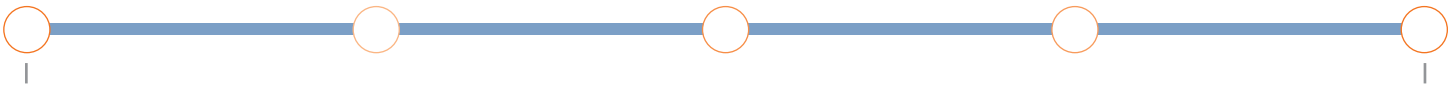
My main goal is to live as long as possible, no matter what.

Equally Important

My main goal is to focus on quality of life and being comfortable.

AT THE END OF LIFE

Put an X along this line to show how you would feel if you were so sick <u>that you may die soon</u>.



My main goal is to live as long as possible, no matter what.

Equally Important

My main goal is to focus on quality of life and being comfortable.

If you want to write down why you feel this way, go to Page 10.

Your Name

What Matters Most in Life: Quality of life differs for each person. What is important to you?

AT THE END OF LIFE, some people are willing to live through a lot for a chance of living longer. Other people know that certain things would be very hard on their quality of life.

At the end of life, which of these things would be very hard on your quality of life?

Check the things below that would make you want to focus on comfort rather than trying to live as long as possible.

- ☐ Being in a coma and not able to wake up or talk to my family and friends
- ☐ Not being able to live without being hooked up to machines
- ☐ Not being able to think for myself, such as dementia
- ☐ Not being able to feed, bathe, or take care of myself
- ☐ Not being able to live on my own
- ☐ Having constant, severe pain or discomfort
- ☐ Something else _____

☐ **OR**, I am willing to live through all of these things for a chance of living longer.

Is religion or spirituality important to you? ☐ Yes ☐ No

If you have one, what is your religion? _____

What should your medical providers and medical decision maker know about your religious or spiritual beliefs?

_____

_____

If you are dying, where do you want to be?

☐ at home ☐ in the hospital ☐ either

Your Name _____

If you want to write down more about why you feel this way, go to Page 10.

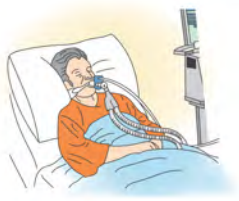
How Do You Balance Quality of Life with Medical Care?

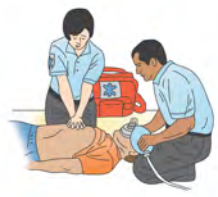
Sometimes illness and the treatments used to try to help people live longer can cause pain, side effects, and the inability to care for yourself.

Please read this whole page before making a choice.

AT THE END OF LIFE, some people are willing to live through a lot for a chance of living longer. Other people know that certain things would be very hard on their quality of life.

Life support treatment can be CPR, a breathing machine, feeding tubes, dialysis, or transfusions.





Check the one choice you most agree with.

If you were so sick that you may die soon, what would you prefer?

- ☐ **Try all life support treatments** that my doctors think might help. I want to **stay on life support** treatments even if there is little hope of getting better or living a life I value.

- ☐ Do a **trial of life support treatments** that my doctors think might help. But, I **DO NOT want to stay on life support** treatments if the treatments do not work and there is little hope of getting better or living a life I value.

- ☐ **I do not want life support treatments**, and I want to focus on being comfortable. I prefer to have a **natural death**.

What else should your medical providers and decision maker know about this choice? Or, why did you choose this option?

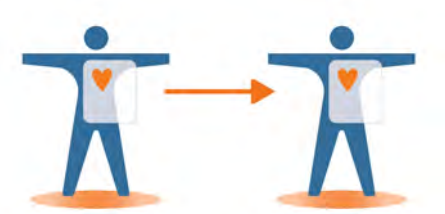
If you want to write down more about why you feel this way, go to Page 10.

Your Name

Your decision maker may be asked about organ donation and autopsy after you die. Please tell us your wishes.

ORGAN DONATION

Some people decide to donate their organs or body parts. What do you prefer?



- ☐ I **want** to donate my organs or body parts.

  Which organ or body part do you want to donate?

  - ☐ Any organ or body part
  - ☐ Only _____

- ☐ I **do not** want to donate my organs or body parts.

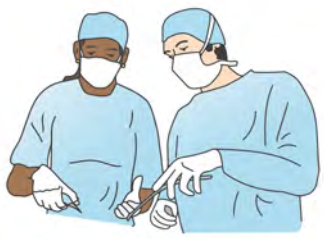
What else should your medical providers and medical decision maker know about donating your organs or body parts?

_____

_____

AUTOPSY

An autopsy can be done after death to find out why someone died. It is done by surgery. It can take a few days.



- ☐ I **want** an autopsy.
- ☐ I **do not** want an autopsy.
- ☐ I **only** want an autopsy if there are questions about my death.

FUNERAL OR BURIAL WISHES

What should your medical providers and decision maker know about how you want your body to be treated after you die, and your funeral or burial wishes?

_____

_____

If you want to write down more about why you feel this way, go to Page 10.

What else should your medical providers and medical decision maker know about you and your choices for medical care?

If you named a medical decision maker on this form: How strictly do you want them to follow your wishes if you are not able to speak for yourself?

Flexibility allows your decision maker to change your prior decisions if doctors think something else is better for you at that time.

Put an X next to the one sentence you most agree with.

- ☐ **Total Flexibility:** It is OK for my decision maker to change any of my medical decisions if my doctors think it is best for me at that time.
- ☐ **Some Flexibility:** It is OK for my decision maker to change some of my decisions if the doctors think it is best. But, these wishes I NEVER want changed:

- ☐ **No Flexibility:** I want my decision maker to follow my medical wishes exactly. It is NOT OK to change my decisions, even if the doctors recommend it.

Part 3 Sign the form

Before this form can be used, you must:

- sign this form if you are 18 years of age or older
- have two witnesses sign the form or a notary

Sign your name and write the date.

sign your name _____ today's date _____

print your first name _____ print your last name _____ date of birth _____

address _____ city _____ state _____ zip code _____

Witnesses or Notary

Before this form can be used, you must have 2 witnesses sign the form or a notary. The job of a notary is to make sure it is you signing the form.

Your witnesses must:

- be 18 years of age or older
- know you
- agree that it was you that signed this form

Your witnesses cannot:

- be your medical decision maker
- be your health care provider
- work for your health care provider
- work at the place that you live (if you live in a nursing home go to Page 13)

Also, one witness cannot:

- be related to you in any way
- benefit financially (get any money or property) after you die

Witnesses need to sign their names on Page 12.
If you do not have witnesses, a notary must sign on Page 13.

Have your witnesses sign their names and write the date.

By signing, I promise that _____ signed this form.
(the person named on Page 11)

They were thinking clearly and were not forced to sign it.

I also promise that:

- I know this person or they could prove who they were
- I am 18 years of age or older
- I am not their medical decision maker
- I am not their health care provider
- I do not work for their health care provider
- I do not work where they live

One witness must also promise that:

- I am not related to them by blood, marriage, or adoption
- I will not benefit financially (get any money or property) after they die

Witness #1

_____ _____
sign your name date

_____ _____
print your first name print your last name

_____ _____ _____ _____
address city state zip code

Witness #2

_____ _____
sign your name date

_____ _____
print your first name print your last name

_____ _____ _____ _____
address city state zip code

You are now done with this form.

Share this form with your family, friends, and medical providers. Talk with them about your medical wishes. To learn more go to www.prepareforyourcare.org

Developed by PREPARE™ for your care

Copyright © The Regents of the University of California, 2016

Notary Public: Take this form to a notary public ONLY if two witnesses have not signed this form. Bring photo ID (driver's license, passport, etc.).

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of _____

On _____ (Date) before me, _____ (Here insert name and title of the officer) , personally appeared _____ (Names(s) of Signer(s))

who proved to me the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature _____ (Signature of Notary Public)

Description of Attached Document

Title or type of document: _____

Date: _____ Number of pages: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

○ Individual
○ Guardian or conservator
○ Other _____

(Notary Seal)

For California Nursing Home Residents ONLY

Give this form to your nursing home director ONLY if you live in a nursing home. California law requires nursing home residents to have the nursing home ombudsman as a witness of advance directives.

STATEMENT OF THE PATIENT ADVOCATE OR OMBUDSMAN

"I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code."

sign your name _____ date _____

print your first name _____ print your last name _____

address _____ city _____ state _____ zip code _____

Copyright © The Regents of the University of California, 2016. All rights reserved. Revised 2018. No one may reproduce this form by any means for commercial purposes or add to or modify this form in any way without a licensing agreement and written permission from the Regents. The Regents makes no warranties about this form. To learn more about this and the terms of use, go to www.prepareforyourcare.org