California Advance Health Care Directive

This form lets you have a say about how you want to be cared for if you get very sick.

This form has 3 parts. It lets you:

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 too sick to make them yourself.

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 too sick 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

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This is a legal form that lets you to have a voice in your healthcare.

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, friends, or family to answer your questions. Lawyers can help too.

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

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

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

Part 1 Choose your medical decision maker

The person who can make health care decisions for you if you are too sick to make them yourself

Whom should I choose to be my medical decision maker?

A family member or friend who:

- is 18 years of age or older
- knows you well
- can be there for you when you need them
- you trust to do what is best for you
- can tell your doctors about the decisions you made on this form

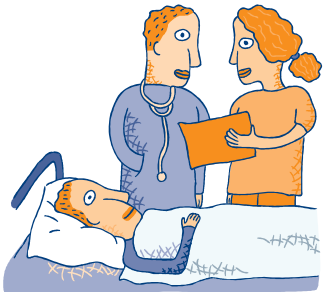
Your decision maker cannot be your doctor or someone who works at your hospital or clinic, unless they are a family member.

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

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

Your medical decision maker will be able to choose these things for you:

- doctors, nurses, social workers, caregivers
- hospitals, clinics, nursing homes
- medications, tests, or treatments
- what kind of personal care you get, such as where you live
- 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 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 is placed down your throat into your stomach. It can also be placed by surgery.
- **Blood and water transfusions**
  To put blood and water into your body.
- **Surgery**
- **Medicines**

End of life care – if you might die soon your medical decision maker can:

- call in a spiritual leader
- decide if you die at home or in the hospital
- decide about an autopsy and organ donation
- decide where you will be buried or cremated

If I sign this form, it will be okay for my medical decision maker to agree to, refuse, or withdraw any of these or other treatments.

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

Your Name

Your Medical Decision Maker

I want this person to make my medical decisions if I cannot 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 _____

When can my medical decision maker make decisons for me?

They can make decisions for me:

- ◯ ONLY after I become too sick and cannot make my own decisions.
- ◯ NOW, right after I sign this form.

How do you want your medical decision maker to follow your healthcare wishes?

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 are some wishes I NEVER want changed:

  _____

  _____

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

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.

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.

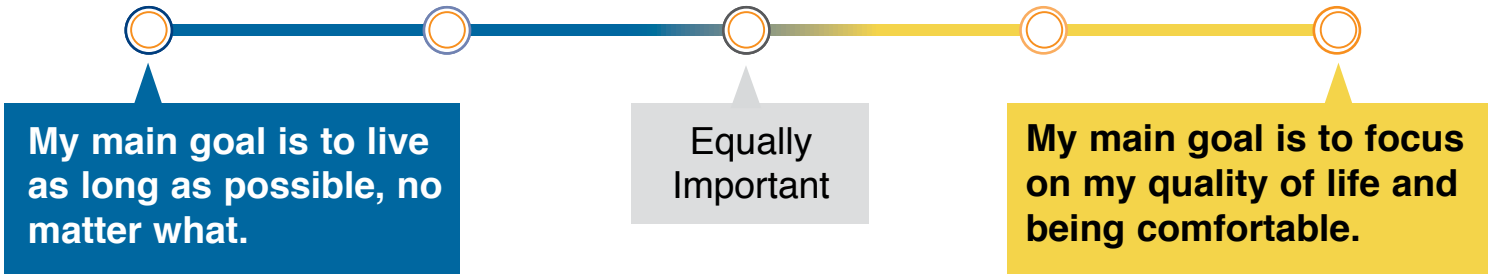
- These people would prefer a natural death, and not be kept alive on machines

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

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

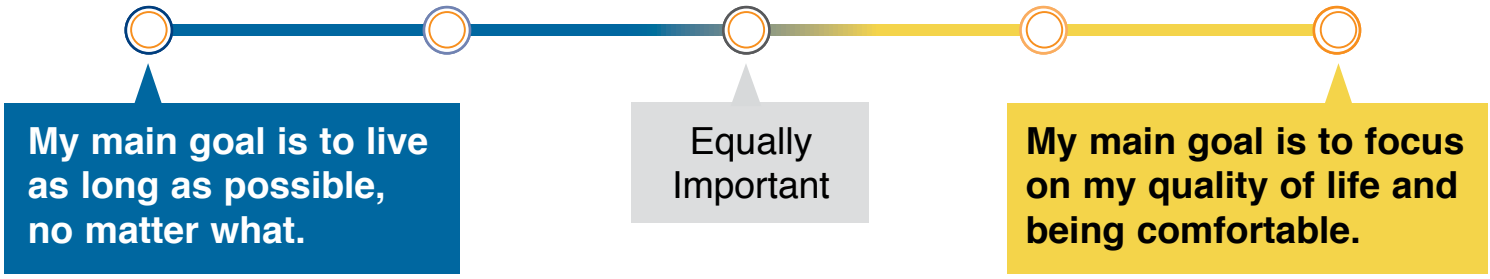
TODAY, IN YOUR CURRENT HEALTH

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



AT THE END OF LIFE

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



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
- ☐ 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 medical providers know about your religious or spiritual beliefs?

_____

_____

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

◯ at home ◯ in the hospital ◯ either

If you want to write down more about what you prefer, go to Page 10.

Your Name _____

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 the treatments do not work and there is little hope of getting better or living a life I value.

- ◯ Do a **trial of life support treatments**. 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.

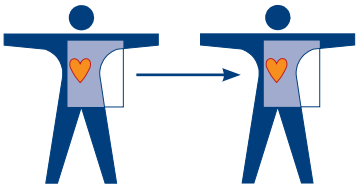
- ◯ **I do not want life support treatments**, and I want to focus on being comfortable. I prefer to have a **natural death**.

What else should your medical providers and medical decision maker know about this choice and what you prefer?

If you want to write down more about what you prefer, go to Page 10.

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

ORGAN DONATION



Some people decide to donate their organs to other people. What do you prefer?

- ◯ I **want** to donate my organs.
- ◯ I **do not** want to donate my organs.

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

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, funeral, burial, cremation or other?

If you want to write down more about what you prefer, go to Page 10.

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

Your Name

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 _____ date _____

print your first name _____ print your last name _____

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.
(name of the person signing this form)

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

I also promise that:

- I know this person and 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

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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 _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

(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 _____

This advance directive was made to comply with California law. http://leginfo.legislature.ca.gov/
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To learn more, go to www.prepareforyourcare.org

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