

Jaspers, Moriarty & Walburg, P.A.
Health Care Directive Worksheet

Purpose of a Health Care Directive:

A health care directive is a document allowed under Minnesota law that gives you the opportunity to state in writing your wishes and beliefs about health care and to appoint someone to make your wishes regarding health known to others. Your health care directive is only used when you are unable to communicate your health care wishes.

Health care directives are also known as living wills. However, it is important to know that a health care directive DOES NOT take the place of a Last Will and Testament or other estate planning tools.

This worksheet will help us gather information about your health care needs and desires to construct your personal health care directive. If you desire, we will also attach this worksheet to your formal health care directive to further aid your health care agent and providers in making decisions regarding your care.

Step One: General Information about you

Name: _____

Address: _____

Phone: _____

Step Two: Name a Health Care Agent

Name: _____

Address: _____

Phone: _____

Alternative Health Care Agent: (if desired)

Name: _____

Address: _____

Phone: _____

Step Three: Your Health Care Goals and Desires

Circle those statements which best reflect your personal health care goals. You may choose more than one answer. If you are undecided, note that in the comments section.

(1) Life Support Treatment

- (a) I want all life support treatments so long as there is a reasonable chance of my full recovery.
- (b) I want life support treatments even if I may have some physical limitations, but can still mentally relate to my loved ones.
- (c) I want life support treatments regardless of the effect it will have on me physically or mentally.
- (d) I do not want life support if it will result in a mental condition that would severely limit my ability to relate to my loved ones.
- (e) I do not want life support if it will result in permanent brain damage.
- (f) I do not want life support if I am suffering from a terminal illness.
- (g) I do not want life support treatment under any circumstances.

Comments: _____

(2) Where you want to live

- (a) I want to remain in my own home as long as I live.
- (b) I accept and desire hospice care, when it is appropriate.
- (c) If possible, I would like to die in my own home.

Comments: _____

(3) Certain Medical Treatments

(a) Respirator

- (i) I accept the use of a respirator when there is a reasonable chance of my full recovery.
- (ii) I accept the use of a respirator on a temporary basis to assist with my recovery.
- (iii) I accept the use of a respirator under all circumstances even if it is used to keep me alive and without it I might die.
- (iv) I do not accept the use of a respirator if it's sole purpose is to keep me alive and that there is no reasonable chance that I will be able to live without a respirator. I understand that refusing a respirator under these circumstances may hasten my death.
- (v) I do not accept the use of a respirator under any circumstances.

Comments: _____

(b) Pain Relief

- (i) I desire that my doctors provide me with pain relief to keep me as comfortable as possible, even if it would affect my alertness.
- (ii) I desire that my doctors provide me with pain relief to keep me as comfortable as possible, even if it could shorten my life.
- (iii) I do not want pain relief treatment that would affect my alertness.
- (iv) I do not want pain relief treatment that could shorten my life.

Comments: _____

(c) Organ Donation

- (i) I would like my organs to be donated upon my death.
- (ii) I do not want my organs donated upon my death.

Comments: _____

(d) Blood Transfusions

- (i) I accept blood or plasma transfusions whenever necessary.
- (ii) I do not accept any blood transfusions.
- (iii) I accept plasma transfusions only.

Comments: _____

(e) Resuscitation

- (i) I want health care providers to attempt to resuscitate me in the event my heart and lungs stop functioning.
- (ii) I DO NOT want to be resuscitated in the event my heart and lungs stop functioning.

Comments: _____

(f) Feeding Tubes

- (i) I do not want feeding tubes under any circumstances, even if refusing such treatment may shorten my life.
- (ii) I accept feeding tubes for a period of time if there is a reasonable chance I will recover and be able to accept food and drink by mouth.
- (iii) I accept feeding tubes for an indefinite period of time even if there is no reasonable chance I will recover and be able to accept food and drink by mouth.

Comments: _____

I _____ having completed this Health Care Directive Worksheet ask that it be attached to my Health Care Directive and incorporated therein as additional instructions for my Health Care Agent to assist he/she in making decisions about my health care.

Date: _____