

Personal Health Care Instructions Communication Form

Name: \_\_\_\_\_

Kaiser MRN#: \_\_\_\_\_

I. How much I want to know about my condition:

(Please mark statement 1 or 2.)

- 1: I wish to know all relevant facts about my condition. I can cope better with what I know than with the unknown.
- 2: I do not wish to know all the details of my condition, especially if the news is bad. I fear that such knowledge will lessen my will to live and will cast a shadow over the time left to me. If there is bad news about my condition, I want my health care agent to take over making medical decisions for me, even if I still have mental capacity to make health care decisions myself.

II. How strictly I want my agent to follow my instructions:

- A. \_\_\_ I am writing how I want health care decisions made. **I want my agent to strictly follow this document.** If other decisions come up that I have not made here, I want my agent to rely on other information he or she has about my wishes and my values.
- B. \_\_\_ I am trying to guide my agent in how I want health care decisions made, but I realize that I cannot think of everything that might happen. **I want my agent to have ultimate authority to make decisions concerning my health care for me if I cannot do so for myself.** I trust my agent to draw on all sources of knowledge about my wishes and values.

Additional comments to guide your agent in making decisions on your behalf (add additional sheets if you need them):

III. If I am dying, it is important for me to be:

- at home.
- in the hospital.

Additional Instructions:

Initials: \_\_\_\_\_

IV. Near the end of life, when would you want your doctors to allow your death to take its natural course? For example, which of these sentences do you most agree with: 1 or 2?

- 1: My life is only worth living if I can:  
(Check all that apply; add more if you want.)
- talk to family or friends
  - communicate in some way with my loved ones
  - recover enough to feed, bathe, or take care of myself
  - be free from pain
  - live without being hooked up to machines
  - not be a burden to my family or others
  - make decisions for myself
  - be faithful to my beliefs
  - I am not sure

- 2: My life is always worth living no matter how sick I am, even if I am unable to communicate at all and even if I won't get better.

V. If I have a serious chronic illness or I am so sick that I may die soon:

(Choose the option you agree with most.)

- Any treatments can be tried to see if they will help. Even if treatments **do not work** and there is little hope of getting better, **I want to stay** on life support machines until I die.
- Any treatments can be tried to see if they will help. If the treatments **do not work** and there is little hope of getting better, **I do not want to stay** on life support machines.

Initials: \_\_\_\_\_

V. cont'd. Check all that apply:

- I have already decided that I do **not** want to have the following treatments, even if it means that I might die by not having them:
  - I want **no** attempts at CPR.
  - I want **no** breathing machine.
  - I want **no** dialysis.
  - I want **no** blood transfusion.
  - I want **no** artificial feeding and hydration.
  - I want **no** medicines of any kind.
  - \_\_\_\_\_
  - I **do not want any life support** treatments at all, even if it means that I might die by not having them.
  - I **do not want to stay life support** machines longer than \_\_\_\_\_ and would want to \_\_\_\_\_.  
(fill in time span)

VI. Religion or spirituality is

- important to me
- unimportant to me

What my doctors should know about my religion or spirituality:

VII. After my death

- I **want** to donate my organs. *Which organs do you want to donate?*
  - any organs
  - only the following organs \_\_\_\_\_
- I **do not** want to donate my organs.
- I want my **health care agent** to decide.

VIII. What my agent and doctors should know about how I want my body to be treated after I die:

- I **do not** want an autopsy.
- I **want** an autopsy if there are questions about my death.
- I want my **health care agent** to decide about authorizing an autopsy.
- My preferences about funeral/burial/cremation are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- I want my **health care agent** to decide about burial or cremation.

Additional instructions:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are completing this form at the same time as your Advance Health Care Directive, please remember to attach it to the AHCD so your signature can also be witnessed or verified by a notary public.