



826 BrooksideAve., Suite C • Redlands • California • 92373 • (909) 335-0155

## Power Of Attorney for Healthcare Worksheet

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

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

SS# \_\_\_\_\_

Are you: \_\_\_\_\_ Male \_\_\_\_\_ Female

Female: Are you pregnant now or is at all physically possible for you to be pregnant in the future?

**YES NO**

If you are pregnant when you healthcare directive is considered do you:

\_\_\_\_\_ It be given no effect during your pregnancy

\_\_\_\_\_ I direct that it be carried out

Who would you like to name as your agent/power of attorney?

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

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

What is your relationship with this agent? \_\_\_\_\_

Would you like an alternate? **YES NO**

**If YES, please provide their information:**

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

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

What is your relationship with this agent? \_\_\_\_\_

Would you like to name your primary physician? **YES NO**

If so, please fill out contact information below:

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

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

1. Would you like your agent to have the power to direct your healthcare providers to withdraw or withhold life-prolonging procedures?

**YES NO**

2. Would you like your agent to have the power to direct that artificially food and water either be withdrawn or withheld.

YES NO

3. Do you want to give your agent the authority to carry out your wishes for organ, tissue, or body donation after death?

YES NO

4. Choose the statement that best describes your wishes:

- I consent to an autopsy
- I do not consent to an autopsy
- My agent may give to consent or decline an autopsy

5. Have you made a decision about whether your body shall be buried or cremated? You may grant your agent with this decision if you wish.

- I have already made arrangements or signed a document expressing my wishes for burial, cremation and my agent should follow these directions.
- I want my agent to decide whether my body shall be buried or cremated.
- I do not authorize my agent to make this decision for me.

If you have made arrangements, please explain what those are:

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6. Do you want to nominate your agent to be your conservator or personal guardian?

YES NO

7. If you cannot speak for yourself, you elect your agent to make decisions for you or you may lay out specific instructions in which your agent must follow. The next section covers these issues.

(A)  I want to specify my wishes for medical treatment. I understand that my agent will make decisions for me on the matters that I do not address.

(B)  I want my agent to make all decisions for me.

*If you checked (A) please continue, if you checked (B) please skip to number 9.*

8. If you are close to death from a terminal condition or permanently unconscious, please choose one of the following:

I do not want my life prolonged in either of these situations

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

If you are not sure, you may specify your wishes for each situations below:

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9. In any situations, would you like food and water artificially administered?

**YES**                      **NO**

10. What are your wishes for organ, tissue or body donation?

\_\_\_\_\_ Leave up to my agent to decide

\_\_\_\_\_ Do not want any organs, tissue or my body to be donated.

\_\_\_\_\_ Only want the following to be donated:

\_\_\_\_\_

In addition to the instructions you have already given, please look over the below options if you wish to have them exercised as well. You may give details if necessary.

\_\_\_\_\_ Location of care: \_\_\_\_\_

\_\_\_\_\_ Palliative care: \_\_\_\_\_

\_\_\_\_\_ Pain relief exceptions: \_\_\_\_\_

\_\_\_\_\_ Personal or religious values: \_\_\_\_\_

\_\_\_\_\_ Any other wishes or statements: \_\_\_\_\_

Would you like to add any additional provisions or instructions? If so please provide those instructions below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION**

I understand that the Legal Document Assistant (LDA) preparing my documents is NOT an attorney, cannot select forms and DOES NOT give legal advice. I hereby direct the Legal Documents Assistant to type and perform certain services as outlined in our discussion(s). I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_ Signature